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ABSTRACT

The "Safe Schools, Safe Students" conference brought together leading researchers and practitioners in order to share knowledge about innovative safety strategies being used in America's schools. The papers here represent the thinking of scientific experts and school-based pupil service providers who are implementing programs to prevent and intervene in issues pertaining to school violence, drug and alcohol use, and discipline. The conference itself was an interorganizational effort designed to highlight the roles of pupil services personnel in addressing one of the National Educational Goals. The proceedings are presented in three parts: (1) Keynote Speakers; (2) Plenary Sessions; and (3) Concurrent Sessions. The three papers in the first section offer an overview of the problem and outline some of the goals for schools. The Plenary Sessions' papers discuss programs and advance specific goals and reforms for making schools safe. The third and largest section features 26 papers on programs and strategies. Many of the articles examine conflict resolution, social skills, the role of families, community practices, ethnic and racial concerns, discipline, suicide, and the influence of drugs and alcohol on school violence. At least 14 model programs are outlined in this section, covering topics ranging from dance therapy to behavior intervention. Appended is information on using and contributing to the ERIC database. (RJM)

ED 398 521

National Education Goals Panel and National
Alliance of Pupil Services Organizations

Safe Schools, Safe Students

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A Collaborative Approach to Achieving Safe, Disciplined and Drug-Free Schools Conducive to Learning

PRODUCED IN COLLABORATION WITH ERIC COUNSELING & STUDENT SERVICES CLEARINGHOUSE

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NEGP/NAPSO

ERIC

Foreword

We are pleased to join with the National Education Goals Panel (NEGP) and the National Alliance of Pupil Services Organizations (NAPSO) to produce this volume of presentations from the *Safe Schools, Safe Students* conference. The focus of NAPSO itself is similar in many ways to ERIC/CASS —we both are focused on the many facets of school pupil/student service and the assistance they offer to school personnel and students. It is an audience that we deal with as separate organizations on a regular basis. Working with NEGP and NAPSO on these "proceedings" enabled us to deal collaboratively with the broad spectrum of organizations that share common interest in and concern for making our schools safer so students may develop and achieve better.

Special thanks are due to Ronda Talley for her early and continuing work to present the conference as well as this publication. Completing the publication proved to be a great challenge as many of the contributions we received were more suited to verbal presentation than printed papers. The result however, we believe is a worthy publication that all school student services specialists whatever their particular specialty will find useful.

In a brief final section on *Using and Contributing to ERIC*, we have shared information on ERIC and the ERIC Clearinghouse on Counseling and Student Services with the expectation that this will enable the reader to better understand and use these services. In particular, we have identified a few of the newest ERIC/CASS products (including our Website) which are designed for school student services specialists.

If you desire information on how to obtain additional copies of this publication or other matters, we welcome your inquiries or comments.

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Introduction

Welcome to the proceedings of the National Education Goals Panel/National Alliance of Pupil Services Organizations (NEGP/NAPSO) conference on "Safe Schools, Safe Students: A Collaborative Approach to Achieving Safe, Disciplined, and Drug-free Schools Conducive to Learning". The conference, held in Washington, DC, on October 28-29, 1994, brought together nationally known researchers and practitioners to share knowledge about innovative strategies to address this growing national crisis in America's schools. The papers contained in this volume represent the best thinking of scientific experts and school-based pupil service providers who are implementing programs to prevent and intervene in issues pertaining to school violence, drug and alcohol use, and discipline.

The National Education Goals Panel (NEGP) and the National Alliance of Pupil Services Organizations (NAPSO) conference was a special interorganizational effort designed to highlight the roles of pupil services personnel in addressing one of the eight National Educational Goals. Our two organizations take pride in having brought together over 500 conference attendees to share solutions to these pressing concerns. The NEGP, as a unique bipartisan and intergovernmental body of federal and state officials created in 1990 to assess state and national progress toward achievement of the National Education Goals, is particularly pleased to co-sponsor this conference on the seventh National Education Goal which states "By the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning."

The NAPSO is a coalition of national professional organizations representing over two and half million professionals including school psychologists, school nurses, teachers, occupational therapists, physical therapists, school counselors, school social workers, special educators, speech-language pathologists, audiologists, therapeutic recreation specialists, art, music and dance therapists, and administrators of pupil services programs who provide a variety of primary, preventive, developmental, remedial and supportive services required to assist children and youth in order to benefit fully from their education. The NEGP and NAPSO believe this conference and it proceedings highlight promising programs where pupil services personnel are being effectively employed at the local and state levels to address safe schools issues.

We greatly appreciate the contributions of the national experts and outstanding pupil services practitioners who shared their knowledge and successes throughout the conference and in the articles in this volume. We would also like to thank the ERIC Counseling and Student Services Clearinghouse for their collaboration in the production of the proceedings. We hope that this document conveys to the nation the special roles that pupil services personnel can play in addressing the seventh National Education Goal.

Ronda C. Talley, Ph.D.
APA Center for Psychology in Schools and Education

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Keynote Speakers

Safe Schools, Safe Students: A Collaborative Approach to Achieving Safe, Disciplined, and Drug-Free Schools Conducive to Learning

Mary Hatwood Futrell

People are only worried about what's going on with their own little world. But just imagine we're the next generation that's going to be running the world. And if we're all messed up, you're going to have a really messed-up world. (Katie, 17)

Good Morning! Thank you for inviting me to speak at this conference which addresses one of the most critical issues facing our nation, the United States of America. This conference, "Safe Schools, Safe Students: A Collaborative Approach to Achieving Safe, Disciplined and Drug-Free Schools Conducive to Learning," will send a strong message to schools and communities that we—the people of America—do not intend to succumb to violence—not in our communities and certainly not in our schools. I want to commend the National Education Goals Panel and the National Alliance of Pupil Services Organizations for co-sponsoring this conference. It could not be more timely. Your message of collaboration could not be more strongly stated.

You are sending a clear message that the purpose of schooling is to educate our young people, to prepare our young people for a world that is far more complex, more demanding, and more pluralistic than during any other segment of the history of humankind. You are sending a message that schools cannot do the job alone. Nor can families do the job alone. But together, we can have safe schools in which our children can learn and safe communities in which we all can live.

There is an old saying that "the course of civilization is a race between catastrophe and education." In a democracy such as ours, we must make sure that education wins the race. Many people thought that catastrophe would be one caused by nuclear warfare and wars between nations. It seems, however, that the catastrophe may be internal, may be "homegrown." It seems that our catastrophe may be that through domestic violence—whether in the home, the school, the work place, or the streets—we will self-destruct. I want to go on record as saying that I do not believe that will be the case. That will not be the case if we—if you and I and our neighbors and our organizations—join forces to stop the violence, especially among our young people.

The public's concern about violence in schools has been manifested in media stories, congressional testimony, and numerous studies and reports that vividly underscore the pervasiveness of the problem. Nowhere, however, is the magnitude of the nation's concern about school violence reflected more urgently than in Goal 7 of the Goals 2000: Educate America Act adopted by Congress and signed into law by President Clinton in March, 1994. Goal 7 states that "by the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning." The supporting narrative for this goal states that "no child or youth should be fearful on the way to school, be afraid while there, or have to cope with pressures to make unhealthy choices."

Students in school environments where violence occurs will not concentrate on the achievement of rigorous standards, stay in school, perform at high academic levels, or excel intellectually. When teachers and students are more concerned about being victimized than about education, they cannot concentrate on teaching and learning.

My remarks this morning will focus on the implications of violence in schools. First, I would like to address school violence as a strong impediment to education reform. Second, my remarks will focus on teachers' and students' perceptions about the problem of violence in our schools. Third,I will outline some recommendations based upon my perspective as a teacher and as a concerned citizen about what schools and communities can do to stem the tide of violence in our schools and, hopefully, in our society.

The issue of school violence is not a new phenomenon. "Discipline in the Public Schools: A Problem or Perception" that appeared in the January, 1979, edition of *Phi Delta Kappan* traces the issue back to the 1950's when the problem was not discipline, but juvenile delinquency. John W. Williams, author of the article, wrote that in the decade of the 1950s "there seemed to be a marked increase in both the serious and less serious anti-social behavior on the part of our youth."

In 1955, according to Williams, a national study conducted by the National Education Association's Research Division entitled "Discipline in the Public Schools" documented two particularly startling problems: violence committed against teachers and the increased use of narcotics by students. Twenty years later, Kappan's January, 1978 issue reported on the problem of violence in the schools. The latter report bore a striking resemblance to that in the 1950s, except that the problem was worse.

Today the possibility that a disagreement among students will be settled with some type of weapon rather than an old-fashioned fist fight has increased significantly. A major difference between violence in the schools in the 1950s and in the 1990s is the presence and use of weapons, especially guns. Also, students seem to hold a grudge much longer. Some students wait until the last day of school to settle an incident that occurred weeks or months earlier.

School violence is not unique to public schools or the nation's urban centers. According to the Department of Justice, public, private, and non-sectarian schools have all experienced an increase in school violence. Nine percent of public, seven percent of private, and six percent of non-sectarian school students reported being victims of violent acts or property crimes in 1989.

Further, media reports indicate that the issue of violence in school is a national problem that has seeped into the very heartland of America. No geographic region is excluded anymore. The findings of a National School Boards Association survey, "Violence in the Schools," found that of 1,216 administrators interviewed, that 54% of suburban and 64% of urban school officials reported more violent acts in their school in 1993 than five years ago. Newspaper articles report that communities large and small, urban, suburban, and rural—from Chicago, Illinois to Little Rock, Arkansas to Walton, New York to Lorain, Ohio to Lindhurst, California to Butte, Montana to Washington, DC—are struggling with the issue of school violence.

Almost 40 years after the NEA study was conducted and the above referenced articles were published, the public's attention is once again focused on the issue of discipline and violence in the schools. And, that concern is justifiable and accurate. Problems of violence caused by our school-age children (in and out of schools) are worse now than they have ever been. Youth violence is on the rise and permeates every segment of our society. That is not to say, however, that all of today's youths are discipline problems or perpetrators of acts of violence. To the contrary, the vast majority of our youth are not violent nor have they committed acts of violence.

Generally speaking, there are three groups of students in a school. What I call the 80-15-5 rule. Eighty percent of the students rarely break the rules or violate principles. Fifteen percent break the rules on a somewhat regular basis by refusing to accept classroom principles and resisting restrictions. If not given clear expectations and consequences regarding their behavior, these students can disrupt learning for all the other students. The last 5% of the students are chronic rule breakers and are generally out of control most of the time. These students are more likely to commit acts of violence in school and in the community.

Where Does Violence Occur in Schools?

Most teachers believe that violence occurs in hallways or under staircases, in the lunchroom or cafeteria, or in unattended classrooms. Students concur that most acts of violence occur in these places, but add the gym and locker rooms as prime sites. Students are also victimized in restrooms. Most acts of violence occur where adult supervision is minimal or where there are large crowds of people moving to and fro. Students, especially those who have been victims, learn quickly to avoid certain areas.

Factors That Contribute to Violence in Schools

Factors contributing to school violence are numerous, complex, and most are community-related. For example, teachers perceive that the major factors contributing to student violence are lack of parental supervision at home (71%), lack of family involvement with the school (66%), and exposure to violence in the mass media (55%). Teachers also believe that certain types of parenting produce children who contribute to school violence. On numerous occasions, teachers have shared anecdotes about students, even very young students, who state that their parents have told them (the children) that they do not have to do what the teacher says or that if anyone tries to take something from them, insults them or hits them, they should fight back. Unfortunately, many parents admit that they have so instructed their child and are offended that teachers question such directions.

Children often receive mixed messages from parents and other adults about what is right and what is wrong. The use of material goods to persuade children to behave in one way or to dissuade them from behaving in another is one example of sending a mixed message. In such situations, children are "bribed" by promises of expensive clothing or toys. In addition, today's youth seem surprised when asked if they are required to perform chores in and around their homes. Many indicate that they do not do chores unless they are paid to do them. These attitudes and actions relay strong lessons about roles, responsibilities, and rights. All of us must learn to assume our positions as citizens in a democratic society. How we learn what these lessons are is as important as what we learn.

In addition, with more and more parents working outside the home, students are very aware that it is difficult for school officials to contact their parents and that even if they do, their parents often refuse to respond. Exacerbating this problem further, if a child has been in trouble repeatedly, the parents may refuse to come to the school when asked to do so because they are tired of dealing with the child's problems. They may believe the school is at fault, or they may believe there is nothing they can do to control the child.

Students (36%) concur that lack of parental supervision at home is the major factor contributing to violence in schools. However, they (34%) cite as a second major factor the presence of gang or group membership or peer group pressure. The Metropolitan Life and Department of Justice's studies and an article by Jackson Toby concluded that peer group pressure is perhaps the fastest growing and most disturbing cause of acts of violence among youth—whether in school or out.

Students cited involvement with drugs and alcohol as the third major factor contributing to school violence. Although reports indicate that the use of drugs such as heroin, cocaine, marijuana, and crack is down among students in grades 6—12, the consumption of alcohol is not. Alcohol is the number one drug used by teenagers and young adults. Students who reported the availability of drugs in school did not vary significantly by ethnicity, level of family income, or geographic location.

It is also interesting to note the reaction of parents to their children's use of drugs. In one school district a student entered his typing class well after the tardy bell had sounded. He then proceeded to talk loudly to the students around him. When the teacher reprimanded him, the student became angry and began knocking over tables, chairs, and typewriters. The police were called, subdued the student, and took him to jail. Before leaving the school, the police informed the teacher and the principal that the student was intoxicated. Later, when the parents were contacted, informed about what had happened, and told that their child was intoxicated, the response was, "Oh, is that all. I thought it was something more serious." All too often, alcohol abuse among our youth is not considered a serious drug abuse problem and, therefore, does not receive the attention it deserves. Another emerging trend is the number of acts of violence related to race or religion. The 1993 Lou Harris Study on Racism and Violence in American High Schools: Project Teamwork Responds reported that racism and violence are rising significantly in America's high schools. Seventy-five percent of all students surveyed reported seeing or hearing about racially or religiously motivated confrontations on a regular basis, up from 57% in the 1990 Lou Harris survey. This trend is particularly disturbing in light of the fact that America is becoming more, not less, pluralistic.

Perpetrators of School Violence

It is important to examine, within the context of the school, who the victims and the perpetrators are. For example, according to Jackson Toby, two kinds of violence should be distinguished when we are discussing violence in schools. One is violence perpetuated by trespassers who enter school buildings to steal, rob, or assault someone. The other type of violence is committed against teachers, administrators, other staff members, or fellow classmates by students enrolled in the school. Victims and perpetrators of school violence represent all racial, ethnic, and economic groups. They are males and females. Although males are more likely to be involved in acts of violence in schools, in recent years an alarming trend indicates that girls are engaging more frequently in such acts.

The perpetrators, oftentimes, do not have or need a serious reason for lashing out. It could be something as simple as a look or stare or an accidental bump into someone that triggers a violent reaction. An act of violence could result from idle gossip, courtship jealousies, extortion, feeling slighted or disrespected, or an attempt to impress friends. It could result from the perpetrator's dislike for a person or their perception that the person is weak or is a nerd (makes good grades). In other words, a logical rhyme or reason for the incident is not necessary. The tempers of many students today are triggered quickly and the results are often disastrous.

When a fight occurs, for example, especially if it is outside the classroom, other students are not likely to try to stop it. To the contrary, students are more likely to "egg on" their colleagues. I remember a rather vicious fight erupting between two girls in the hallway of the school where I taught. The girls were quickly surrounded by other students who happened to be walking through that section of the hall. Many of the students in the crowd were shoving the girls at each other and encouraging them to continue fighting. Several members of the faculty, including me, tried to get through the crowd. It took us several minutes to force our way to the girls to break up the fight. A faculty member took the girls to the principal's office while the rest of us tried to clear the hallway.

One of the girls who had been fighting was a student in my class. She was very intelligent and her teachers, including me, considered her to be a hard worker and a model student. She was suspended from school for three days for fighting. The other girl was suspended for a week because she started the fight. On her way home, my student stopped by to get her assignment. She was still very upset and very embarrassed. After she explained what caused the fight, I asked her why she did not walk away from the other girl or simply refuse to fight her. She responded, "If I had refused to fight the other girl or tried to walk away, it would have been worse. I would have been viewed as being afraid or weak, and others would attack me here or outside school. I could not afford to walk away!"

It is disturbing that most high school students today would probably stand by and watch a fight without doing anything to stop it or without reporting the incident to school authorities. There appears to be a code of silence among the students. Reluctance to report such incidents may be motivated by fear of possible retaliation or a result of apathy. It may also be a way of opposing or hampering school authorities' efforts to enforce rules and regulations.

This behavior reflects attitudes we often see in our adult society, "It's not my problem" or "I don't want to get involved." It also reflects our society's reverence for aggressiveness and violence as part of our culture, whether at a sports event or in the movies. Our children spend thousands of hours each year absorbing scenes of violence in the media, in their homes, and in the community. They are the products of the culture and the society we have created. It is little wonder they exhibit violent behavior in school.

Who Are the Likely Victims of Violence in Schools?

Victims of violence in schools cover the spectrum. For example, 900 teachers are threatened and over 2000 students and nearly 40 teachers are physically attacked on school grounds every hour of each school day each year. According to the Department of Justice, every day in the United States 100,000 youngsters carry guns to school and 40 youngsters are injured or killed by guns.

Student Victims

Younger students (grades 6-10) are much more likely to be victims of violence than are senior high school students. The Department of Justice reported that students whose families more frequently moved and students from racial or ethnic groups that are minorities within the school are more likely to be victims of physical assaults. Students who wear expensive and/or fashionable clothing or jewelry, bring cameras, cassette players, beepers, and other electronic devices to school, however, are more likely to be victims of property crime.

Teacher Victims

Students are not the only victims of violence in school. Although the majority of teachers believe that they are unlikely to be victims of violence in and around school, the opposite is true. Most teachers feel safe in their schools during the day, but after school hours many teachers, especially those in urban areas, do not. Women and younger, less experienced teachers are often targets, but they are not the primary victims of violence among school staff. Teachers who are considered to be strict, and who insist that students adhere to rigorous academic and behavioral standards, are most at risk of being victimized. Thirty-eight percent of teachers and 57% of students rank strict teachers as more at risk of becoming a victim than any other members of the teaching staff. This could have a chilling effect on school districts that are attempting to reform education and restructure their schools.

If teachers fear that they will be targets of students' physical or verbal abuse, they will be less willing to insist that all students meet new, more rigorous standards. This is particularly so if teachers do not believe school administrators can or will provide a safe environment in which the standards can be achieved.

Also, teachers will be unwilling to intervene in situations, especially altercations between students, if they do not believe the parents, school officials, or the community will back them up. Teachers are not only concerned about being victimized, they are also concerned about being sued if they intervene in student altercations or acts of violence. They also may not intervene aggressively because of fear of being accused of child abuse.

The Impact of Student Violence on the Classroom

Violence or the threat of violence has a direct impact on the quality of education provided and on the way teachers and students work together in the classroom. Students are very perceptive. They may not be able to articulate their perceptions, but most students know whether or not they are receiving a good education, an education that will prepare them to compete in the job market, college, or anywhere else. When students perceive that their education is inadequate or inferior, when the expectations for them are less than for others in the class, they often develop a sense of helplessness and frustration. This sense of frustration often turns to anger and violence when there appears to be no viable solution to the problem.

Students frequently act out their hostility by being disruptive. This in turn creates an atmosphere in the classroom and the school that militates against constructive teaching and learning. For example, teachers are less apt to teach at their full potential, the class assignments are less creative and challenging, and the ethos in the school is less motivating if tension constantly permeates the environment. In addition, teachers, like students, are less eager to go to school everyday. Thus, students in these schools are much more likely, according to Arthur Wise and Jonathan Kozol, to be taught by a "revolving door" of substitutes.

What Is Being Done to Ensure Safety in Our Schools?

The most common school security measure used to prevent violence or other disruptive acts in school is to require school staff—in particular, teachers and security staff—to monitor students' movements in and around the school. This means staff monitoring hallways, doorways, restrooms, the cafeteria or lunch rooms, and the areas of the campus where students tend to congregate.

Institutionalization of discipline and dress codes mentioned earlier is another strategy used to curb violence. Schools are also establishing counseling programs for students and inviting high-profile leaders in the community (i.e., police officers, athletes, media representatives, and parents) to visit schools and talk with students about crime and violence. Many schools are moving to physical means of control—fences, blocked access roads, and locked and chained doors. Such means are costly and reflect the real and unpleasant image of being locked up.

Because of students' increased access to weapons, especially guns, and the fact that more and more of these weapons are showing up in schools, schools are resorting to random checks of students' book bags, backpacks, or lockers. Schools are also increasing their use of metal detectors to identify students carrying weapons. In addition, to support school administrators' efforts to reduce violence, more and more schools' funds are used to hire retired police officers or security guards to patrol buildings. All divert funds from efforts to reform education and to restructure schools: to raise standards by improving the curriculum, to reduce class size, and to providing professional development programs for teachers or special programs for students.

The issue of youth violence in our schools and communities has reached pandemic proportions. We must remember, however, that since schools are part of our communities, we cannot separate what happens in schools from what happens in our communities. In some communities the situation is so bad, young offenders are being sent to boot camps, "shock incarceration programs," or are required to perform supervised community service. These programs are generally for young men and women who are repeat offenders and whose actions are becoming increasingly violent (i. e., committing sexual assaults or using weapons).

Nowhere was the magnitude of youth violence reflected more than in recent federal legislation which contains a variety of provisions for dealing with juvenile offenders. One provision would allow for the prosecution of a 13 year-old as an adult in federal court for certain violent offenses, such as using a gun to commit a crime. Some legislation would also make it a federal crime for anyone "to sell or transfer a handgun, or ammunition for a handgun to a person under 18 years of age." I concur with this last point.

All of the strategies described herein are important and, perhaps, necessary. However, these strategies are too little and, perhaps, too late. Most strategies to curb violence in school and in society are designed to respond to violence after it has occurred rather than towards prevention.

Forty years ago when violence in schools caused enough concern to result in national studies being conducted, most people thought the issue was being blown all out of proportion. Sixteen years ago, when the issue of school violence once again garnered national attention, people responded by saying that it was an urban, an inner city problem. Today, according to headlines in the media and several high profile reports on the topic, the prominent coverage this issue has received reflects the pervasiveness of violence, not only in schools, but throughout society.

The Department of Justice reports that the number of incidents of violence in the United States is down, but the viciousness of the incidents is what is alarming citizens. In the last decade, the Department's statistic that is most alarming is the significant increase in the number of incidents of violence and crime committed by youthful offenders.

Just to illustrate the point:

- In Hopewell, VA two preteens doused a three-year old with kerosene and set him on fire. The toddler suffered [second] and [third] degree burns over half of his body.
- In Chicago, IL a 14 year old dropped a five year old boy out the window. Why? Because the younger boy would not steal candy for the older one.
- In Prince Georges County, MD, a teacher tried to break up a fight in the cafeteria. He was knocked to the ground, surrounded by a group of students, and kicked into unconsciousness.

The horror stories go on and on.

The Justice Department's finding is corroborated by the NSBA study "Violence in the Schools," referenced earlier, which states that 82% of the school officials surveyed believe school violence has increased in the past five years, especially student-on-student violence.

The problems we face in our schools, however, manifest themselves long before students explode in uncontrollable anger and violence. The culprits and causes are many. America's children are exposed to a steady diet of verbal and physical violence that begins early and continuously throughout their lives. Numerous reports, for example, have cited the fact that children in the United States spend more time watching television than attending school. Most of what children watch, including cartoons, is unsupervised and much of it is filled with scene after scene of unadulterated sex and violence. All too often children who exhibit violent behavior are themselves victims of an overdose of violence. In too many communities, children constantly send signals that they feel isolated from and maligned by our society. Again, these feelings know no geographic, social, or economic boundaries.

Many youth increasingly come from communities where the vast majority of the experiences to which they have been exposed have been hostile. They have had to fight to simply survive. These young men and women are filled with rage and a sense of rejection and, as a result, they do not believe that they owe society anything.

At the same time, other violent youth have not grown up in mean, hostile environments. It is more difficult to understand their rebellion against society. Last year, for instance, in a suburban community, a large number of youth were arrested after being caught vandalizing cars and property, shoplifting, beating people, and engaging in drunken brawls. Those involved were from upper-and middle-class homes. When asked why they engaged in such deviant behavior, their responses included "to overcome boredom" and "to experience a sense of control and power."

Some Possible Long-Term Solutions

Some would say that the best way to address the issue of violence in schools is to simply get tougher with the violators. Others say that the problem is a moral one: that our children are suffering from cultural confusion and media pollution. Still others would say that the solution is to attack violence at its roots. Taken alone, each one is too simplistic. Taken together, the three options make a strong program for stemming violence in our schools and in our communities.

Recognizing and accepting the need for change are critical steps toward any efforts to reduce violence in schools. Change is a process that requires a sustained commitment from those desiring change—individuals, families, schools, and communities. Increased discipline, order, and safety in schools require all parties to examine the attitudes, behaviors, and values that define them.

It is at the formative level of a child's life (until approximately nine years of age) that families and communities must begin to inculcate positive attitudes and modes of behavior. At this formative level, school districts should implement counseling programs, role modeling and mentoring, and anti-violence or safety programs for students (pre-kindergarten through fourth grade level). Part of this agenda must also include developing respect for one's self as well as for others. Forums should be provided, for example, where students can discuss sensitive issues related to racism, poverty, sexism, religion, and violence. In addition, conflict resolution programs should be integrated throughout every school's curriculum and should be required of all students. These programs should be introduced early and resources should be committed to sustain them at all levels of the school system. Such programs should also be accessible to parents who may wish to participate in them.

Further, every school district should have a clearly defined discipline code that is shared with students and their parents each year. A major focus of such a code should be understanding discipline as a positive rather than a negative sense of being. Equally important, the discipline code should be enforced consistently, firmly, and fairly.

It is also critical for teachers, parents and members of pupil services programs to work together to help schools and communities address the issue of increased violence among our youth. School psychologists, counselors, school nurses, school social workers, speech-language pathologists and all other pupil services personnel must be part of the decision making process if we are to successfully stem the tidal wave of violence sweeping our school communities. The emphasis must be on prevention as well as on intervention.

If students are experiencing emotional, psychological, or physical problems which interfere with learning, they should have access to educational, therapeutic, counseling and diagnostic services to correct those problems.

Parents who need training to be better parents should have access to programs that will provide such training.

Children with disabilities should be provided with the special education and related services that they need—not just because it is the law, but because it is the right thing to do.

Teachers see the negative and positive sides of student behavior and attitudes long before school boards or central administrators or the community become alarmed and decide to act. Teachers know the symptoms long before the metal detectors, security guards, or random searches become part of the school environment. Teachers see signs of disruptive, even violent, behavior as early as preschool and elementary school. Whatever the reason, preventive measures must be taken to intervene before acts of violence occur.

Yet, teachers are often unprepared to address the needs of these disruptive, often violent youth. Teachers and building-level administrators must receive intensive training and sustained staff development in dealing with violence in order to make schools safe orderly places in which to teach and learn. At the same time, teachers and their professional organizations, pupil services personnel, school district officials, and community leaders must work together to develop programs to reduce and prevent violence in schools. These methodologies must include strategies for working with families and community groups because schools cannot do the job alone.

Further, oftentimes teachers do not know what services are available to help them help young people who are having problems. It is imperative that schools of education include, as part of teacher and administrator preparation programs, methodologies that can be used in schools to address the types of problems I have described. It is imperative that school districts provide training for teachers and administrators that inform them about pupil personnel programs available in the community and how they can be accessed.

Students must also have experiences in their communities that reinforce positive attitudes and behaviors. Religious groups, the media, civic organizations, and student groups, such as Girls' and Boys' Clubs, should constantly provide opportunities and experiences that support students in the development of attitudes and behaviors that enable them to resolve differences or conflicts in nonviolent ways. Central to these efforts must be the parents or guardians of youth. They, in particular, must assume a greater responsibility for their sons' and daughters' behavior within the home, the school, and the community. Finally, but most importantly, youths themselves must learn that they are responsible for their personal behavior and actions and that they are personally accountable for what they do.

We can hope that communities will urge all these groups to work with schools to ensure that comprehensive and long-term strategies are in place to support children and youth as they struggle toward maturity. Communities, for example, spend thousands of dollars on metal detectors and security guards each year. What would happen if some of those dollars were used to create jobs for youth, build recreation facilities for children, establish year-round counseling and tutoring programs for students who need them? What would happen if child care programs were established in schools so children could receive supervised attention, rather than stay at home alone unsupervised for hours? What would happen if instead of sending adolescents to boot camp, we sent them to residential academies where they could learn about math, science, computers, and have fun at the same time? What would happen if more of these children were in programs like Outward Bound? These types of investments would yield far more for our tax dollars and be more beneficial to society than installing metal detectors in school or hiring more hall monitors.

Summary

Americans cannot afford to ignore or minimize the magnitude of violence in schools and the implications it has for the larger society. Nor can we simply build more prisons and chant slogans like "Three strikes and you are out!" This is not a game. In five to ten years these young men and women will become part of the adult population. They are the people who will be expected to safeguard and enhance the civil, human, political, and economic rights of the citizens of our country. It is the future of this nation and the kind of society we want that is at stake.

Safe Schools, Safe Students

Joycelyn Elders

Let me say first of all that it is a real pleasure to be here with the National Alliance of Pupil Services Organizations and the National Education Goals Panel for your national conference on Safe Schools, Safe Students. Thank you for having this conference because there is really nothing more important than the welfare of our children. We are all aware that our future really depends on our bright young people.

Many people ask me what is the most important thing we need to do to improve the health of America? Over and over again I have replied—Education! Education! and Education! We cannot keep our children healthy if they are not educated and, of course, we cannot educate them if they are not healthy. So I want to thank you for what you are doing everyday to make sure that we improve the overall well-being and the health of the most valuable resource we will ever have—our bright young people.

Most often when we think about schools we think about the three R's: Reading, 'Riting, and 'Rithmetic. I feel the people at this conference have really added a fourth "R", that of Responsibility. You can know all the calculus in the world, but what can it do for you if you cannot be responsible for your health and you end up with HIV disease or in a car wreck where you lose your life? We have got to make sure that all of our children learn the importance of keeping themselves safe.

We want all of our children to be healthy, educated, motivated, and to have hope for the future. But we know that not all of our children have the opportunity to be able to achieve some of those things. Think of it: 20% of our population is in school everyday. Out of 250,000,000 Americans, we have about 47,000,000 children in school each day. That is why schools have to be the equalizer. Our children come to school from rich homes, from poor homes, from caring environments and from homeless shelters. Our schools must be the equalizer. Children come to school to prepare for life and for the future. We must take our children where they are and try and help them become the best that they can be. We have many children who come to school and who walk around in shoes that light up when they walk and brains that sit down when they talk. So we have got to get all of our children involved in learning and preparing for their future.

I want to commend the organizers of this conference for their forethought in focusing on the goals set by the National Education Goals Panel. All of you know that I have been very concerned about, and worked very hard with the Southern Regional Board on Goal 1, School Readiness, because I want all children to enter school "ready to learn." You have heard me say so many times that we have got to get our children "ready for school." We know how early that preparation must start. I tell people very often that by the time many children begin school, they are already behind.

Children are half as tall as they will ever be by the time they are three. They know half as much as they will ever know by the time they are four. Hope, will, and drive have been determined by the time they are five. So we have got to reach them early! I know many of you are working with and involved in programs to make sure that when they start school at five, they are "ready to learn" and "ready to take off." We must make an investment early in the lives of these children if we want to make a difference in their future.

Goal 7 reads that by the year 2000 every school in the United States will be free of drugs, free of violence, free of the unauthorized use of firearms and alcohol, and will have a disciplined environment conducive to learning. Don't we all wish that our schools were like that today? So often we look back to the "good old days" when the major problems in school were chewing gum in class, running in the hall, shirttails hanging out or dress codes violations. Now we are dealing with problems of drugs, alcohol, homicide, suicide, teenage pregnancy—all the problems of our society end up in your school. Our young children and our adolescents are the vectors which take the violence and problems from their homes and communities into the schools.

The Safe-School concept is a wonderful goal focused on one place—school. Yet to achieve this, we are going to have to involve all elements of our community because our schools are just a reflection of what is going on in our communities. So whether you are school psychologists, school social workers, school nurses, speech/language pathologists, audiologists, or recreational therapists, whatever you are, it is essential that we all work together to achieve our goals and make things go well in school for all of our children. It requires every one of us. Not just the teachers who teach Reading or 'Riting or 'Rithmetic, but every one of the activities you are involved in is very important. Think of the children coming to school every morning hungry. Even the cook who serves breakfast can be critical to their well being. If a child sits in class hungry with a growling stomach, that child cannot learn. Here we are in the richest country in the world and we have from 3,000,000 to 5,000,000 children who go to school every day hungry! So all of you who participate in school breakfast programs know how very important they can be. And we know that many children come to school in pain with a toothache or earache. Many of these children have no access to health care so the only person they can turn to is a school health nurse.

One of the most wonderful and fulfilling experiences I had was just two days ago in Arkansas, down at Central High School. I went to visit a school-based health clinic with a wellness program that I had been a part of helping to get started. The principal of this school was so excited about this that he said, "Doctor Elders, I am never going to work in a school again that does not have a wellness clinic!" Actually there are 13 different wellness programs at his clinic including stress management, male responsibility and drug and alcohol abuse counseling. A young man, a student, talked to me about his male responsibility class and said, "You know, they really teach us to respect girls. I never thought about that before." Not all children have been raised in homes where respect for others is demonstrated and taught. You know, my husband is a coach and he feels very strongly about boys keeping their caps on inside. So I said to this group of boys, "You know, you are going to be on national television representing not only yourself, but Central High and the state of Arkansas. I'm not going to tell you to take off your caps but many of us older folk feel you shouldn't wear caps inside." And it was amazing because they all immediately took off their caps. They just didn't know about this as a sign of respect because many of our children are not raised in the sort of homes where this is taught. We need to teach them in school what they don't get elsewhere. We have to make sure that they are fully educated to meet the challenges ahead.

Another one of these young men at Central High said something that really stuck with me, perhaps more than anything else that day. He said, "Dr. Elders, having this wellness program at school is like having a parent right here with you all day." Now what could be better than feeling that you have a parent just down the hall that you can go to anytime you need. What a wonderful thing for a child to have available. We must recognize that our children have multiple problems and we need many different ways to address these problems. That is what all of you, with your different training and skills, can bring to a school program—the understanding that children have many problems and that we must provide solutions for them in the school setting where they are.

As your Surgeon General, I have had the opportunity of traveling all across this country. I have been in 31 states and I have given more than 306 speeches in this past year and I have talked to lots of people all across this country. Everywhere I have gone people have been concerned about their children. These parents may not agree with all the things that I feel we need to do, but they are all concerned about the most valuable resource they will ever have, their children. One thing I think we all do agree on is that we, in America, must begin to invest in our children and what better place to do this than in our schools.

School is the only institution in this country where all children go. Some schools and some children need more help than others so, we have to fill in and equalize the playing field. We cannot change who their parents are. We cannot change what their homes and communities are like, but we can make the schools an equalizer, and I feel that is what we should be about. We need more prevention programs rather than all these intervention programs. We have got to prevent the violence that is going on. Prevent the drug and alcohol abuse that is going on. I was shocked to learn this morning on a television report that if children smoke—and we know that 30% of our children smoke—tobacco is a gateway drug for them. [Ninety percent] of the young people who smoke have used or at least have tried alcohol, heroine, marijuana, or crack. Ninety percent! One in three of our high school students report binge alcohol drinking—defined as more than five drinks at one time. One in three! We also know that one-in-four of our sexually-active students will have a sexually transmitted disease. One in four! More than 3,000,000 children—every year—will have a sexually transmitted disease. AIDS or HIV disease is increasing most rapidly in our children—in our bright, young people. Now that is a real problem.

Look at the children who are becoming parents before they become adults. More than 1,000,000 children will become pregnant—every year. There will be more than 500,000 births and more than 400,000 abortions. That is a rate twice as high as Canada and four to ten times higher than other industrialized countries. Is it because our children are more sexually active? The answer is NO. It is because we have not taught our children to be responsible. We thought that we could legislate morals rather than teach responsibility.

We pay for all this. Just think, if we suddenly put 34 billion more dollars into the school system. That is the amount we spend on children born to children. That is just for AFDC, Food Stamps, and Medicaid. What do we buy for our money? We buy poverty, ignorance, and enslavement. We know that young people who drop out of school and have an unmarried pregnancy before the age of 18 have an 80% chance of being poor. Now if you finish high school and are more than 20 and married when you get pregnant, the chance of being poor drops to only 8%. Ten times less likely to end up in poverty! Now if you are a child already living in poverty, you are three times more likely to be a teen parent. So it's a vicious cycle. And children who are not doing well in school, who are failing, are three times more likely to become teen parents. So if you are poor and not doing well in school, you are nine times more likely to become a teen parent. And when we have to put these young people out of school or they drop out of school, do you think they just disappear and we can forget about them? They are not in your school, but they are still in your community. They do not sleep at your house. They do not eat at your table, but you pay the bill. It is your bill. So we need to make sure that we invest in these children early, that we give them hope and that we end up with educated, healthy, motivated citizens.

When we look at the violence in our schools, we learn that more than 135,000 children take guns to school everyday! We know that children are not fighting more but now they have violent tools in their hands. They used to have a fist fight and be hugging tomorrow. Now they use a gun and they are going to a funeral tomorrow. These are our children. We have got to make sure we begin to address those problems for the sake of all of us. In our society we have more than 250,000,000 people, 211,000,000 guns, 67,000,000 handguns, and more than 1,000,000 Uzi assault weapons. We have got to get the tools of violence out of the hands of our children. We have got to make sure that we ban automatic assault weapons, whose only purpose is to kill people.

You know, years ago we felt we were having too many car accidents and too many of our young people were dying in them. So we, as a nation, said that something had to be done about it and we defined it as a public health problem. When something becomes a public health problem, you do not have to live with it because we start thinking of ways to prevent it. In the case of car accidents, we said that part of the solution was better drivers. So we started driver education courses in schools. We decided that safer cars were part of the solution, so seat belts and motorcycle helmets and more safety features in cars were required. Then we went to the highway industry and we said we have got to have safer highways. And ever since this all happened, vehicle accidents rates have been going down. But gun violence has been going up. We must reverse this trend if we truly want our children to be safe.

So what can we do about this very real problem of violence? First of all, we have to realize that it is going to take all of us being involved in our communities if we want to have safe schools. We have to make sure that we start helping our children early in life so that they arrive at school ready to learn. We must make sure that we have comprehensive health programs in our schools that continue from kindergarten up through grade 12. You know, you can teach a kindergartner a lot. You can teach a young child to feel good about himself, to make good decisions, to understand good nutrition. Environmentalists have done a much better job of reaching our children than we in health have. If you go into any first or second grade classroom in the United States, children can talk to you about recycling and protecting the environment, but if you ask a question about health, they just don't know where to begin.

Our children get 11,000 hours of reading, writing, and arithmetic from kindergarten through twelfth grade. During those years, they watch about 15,000 hours of television—with plenty of sex and violence—yet they only have an average of 43 hours of health education to teach them how to be healthy, how to take care of their bodies. We act like all that is needed is one sex lecture and it's all done. I know there is no parent who thinks they can give a one-time talk about sex, about almost anything, and believe that this is all that will be needed to get their child to understand and comply. If any of you do, please give me your lecture and we'll start putting it out so everybody else can give that same lecture. I am just saying that we all know that this has to be done over and over again and the lesson must be reinforced by everyone around our children. If we started early enough reinforcing these positive values, we wouldn't have the kind of problems that we see now in our schools. Our children are a mirror of our society so they need to be taught, when they see all that violence on television, that is not the way to handle things. When we look at our comprehensive health education we see that 52% of ninth graders have approximately an hour or two, 12% of tenth graders, and only 2% of eleventh and twelfth graders. We need an age appropriate comprehensive program that continues year after year. We must teach conflict resolution in our schools, teach our children how to deal with conflict in non-violent ways. Some schools have, but mostly we have not instituted these programs.

Another task is to educate parents and teach them how to be better parents. Parents are usually doing the best they can. They just do not know how to do better. We have got to teach our young men the concept of male responsibility. When that young man was talking about male responsibility and all the things he was learning about respecting young women, it was just like this was a revelation to him, that he had not heard anybody talk about things like this before. Now he was saying, "Dr. Elders, when I see somebody calling a girl bad names I just tell them that they should not do that." This was a young man who really did not understand and appreciate that before. This illustrates how important it is that we teach our young people more than just the three "R's".

We have got to make sure that services are available at school right where our children are. Those of you who do language development, physical therapy, occupational therapy, speech therapy—those activities need to be at school where the children are. Most parents are working these days. They do not have time to take off from jobs to come and take the child across town to the clinic. Services have to be where the children are—to be available and accessible. We can't afford not to do it. The statistics tell us that we pay every day for not doing the job.

If you looked through the paper today you would learn that we have gone from 320,000 prisoners in the United States in 1980 to over 1,000,000 in 1993. The average yearly cost for keeping someone in prison is $35,000. We only spend $3,000 to $5,000 per child in school each year. The average starting salary for prison guards is $57,000. The average starting salary for teachers is $37,000. We have got to change where we place our emphasis. I know I have been mad about that and we have all got to get mad enough to change this. We all have to care before we can begin to make a difference for the bright, young people in our society. You know, we could not pass health care reform, but we have put $32,000,000,000 out there to warehouse prisoners and build bigger and better prisons. The only people in this country who have a constitutional right to health care are theinmates in our prison system.

Let me say what I think the role of pupil services personnel needs to be and what I feel that we have to do to guarantee safe schools and safe students. I feel, first of all, that we have got to come together to focus on preventing these problems and join together as partners. That, to me, is the challenge for all of us. Let's start with P for partners and what I think we have to do in order for us to be real partners. I feel that we have got to design programs and policies that focus on prevention and keeping our children healthy and sane. Of course, we have some partnerships among disciplines. We have partnerships with the police department. Partnerships with the judges. Partnerships with the church. Partnerships with everybody that we think can help us. "Sometimes," I say, "we in the medical profession get so busy downstream pulling out bodies that we forget to go upstream and fix the bridge." We have to concentrate on prevention. We are the leaders; we know how—we have got to go up there and start educating the community about what is going on, rather than just staying in our office or our school looking at one more infected ear or teaching one more vowel. We need a bigger focus.

Let's move to "A". You have got to become advocates, advocates for solutions to these problems. Go out there and speak up and speak out. We have got to develop an action plan to get it done. I have said over and over again that I am always out there despite people complaining that I am controversial. My response is, "I do not mind being controversial. I do not mind being the lightening rod, as long as I know that people like yourselves are the thunder behind me. I can tolerate it."

We have each got to reach out and be responsible ourselves, be willing to take risks and learn how to use every source. There is nobody, probably, more resourceful than the school nurse. So "R" is for resourcefulness on all our parts. For the "T" in partners, we have to use the tools of commitment: time and talents. We must give our time and use all our varied talents to get the job done.

"N" is for networks. We have been great coalition builders, but now we need networks to get everything done and everybody involved to take care of our children. I made it a point to work hard with AARP because I knew that they did not want their grandchildren suffering. What could be more powerful than a lot of beautiful women with white hair carrying signs that read, "Support the Children." It sure worked with the Arkansas legislature. So you need to go out and cultivate those networks.

"E" is for education and empowerment. We have got to educate our children and empower them to be responsible for themselves because they can do more to improve their own health than all the doctoring can possibly achieve.

For the last "R" in partners, we have to be responsible ourselves. We each have got to make sure that we get it done. Nobody is responsible but you. One person of courage makes a majority.

Last, but not least, for the "S" in partners, we have got to be successful. We can not afford to fail. The most valuable resource we will ever have—our bright, young people—is at stake.

Now, I would like to close with an old Greek adage which says that a society grows great when old men plant trees under whose shade they know they will never sit. We have got to go out and plant trees for all our bright, young people to sit under. Thank you.

Safe Schools Concluding Remarks*

Tom Payzant

Let me conclude my remarks by suggesting a few challenges in terms of your leadership:

First of all, every one of us has to convey the message that it is in every American's interest to be concerned about the quality of public education and to get involved in efforts in the community to improve the schools. Just about every adult is connected to a child in a personal way as parent, grandparent, aunt, uncle or neighbor. The future our children shape will affect the destiny of us all.

Secondly, we have got to be advocates for change. With the changing context that I suggested in my earlier remarks, we cannot accept business as usual. We just can't structure and organize our schools in the same traditional ways. Change will require us to work together in different ways. At this conference, you have brought new groups together. As you return to your schools and communities, your challenge is to help others come together to think in new ways about school organization and structure and what will work best to meet the needs of all students.

During my last three years in San Diego, I spent a lot of time working on an effort called New Beginnings. It is an effort to bring together all of the people in the community who represent various professions and agencies concerned about children, youth, and families to collaborate on ways to improve the quality and efficiency of services provided. It's very hard work because you don't bring health professionals, and social service professionals, and juvenile justice system people, and parks and recreation people, and educators together in the same room and begin with the assumption that there is a common language, that the incentives that drive them are the same, that they come from the same set of assumptions with respect to their professional training and base, and that they see their roles and responsibilities in the same way. Therefore, one of your challenges will be to take your professional expertise into a new partnership with colleagues from other disciplines and work toward the common goal of providing a better way of delivering services to children in safe environments so that they can learn to the high standards that we know they're going to have to reach to be successful in the world of the 1990s and beyond. And that's going to mean good communication, good compromising skills—collaboration is not easy, but it's got to happen community-by-community at the grass-roots level. You are very well positioned to facilitate this effort because you have connections in your communities with a number of the agencies that serve children, youth, and families, as well as with the schools. And under Title I in the Improving America's Schools Act, there is now the freedom to spend up to five percent of federal school district funds for coordinated services efforts—not for the services themselves, but for the coordination of collaboration activities because it's going to take some time and people to put the pieces together.

Third, you're going to have to be advocates for a new kind of professional development. And this is going to be hard as you think about the way in which you interact with your colleagues, teachers, principals, and others in schools. Because, in the past, we have tended to think about professional development in terms of each individual's field.

One of the reasons that some of you are concerned about our approach to professional development is that, as I suggested earlier, we were trying to think more comprehensively rather than categorically.

Each professional group wanted us to mention them by name in every part of the bill. And what we are trying to move toward is a focus on schools, ultimately, and a school-wide improvement strategy with more flexibility at the school level to determine what kind of resources, in terms of people and things, are needed to improve teaching and learning for every child in the school. My experience is that if you have a school with a part-time or full-time counselor or social worker or school psychologist or special education personnel, unless they are respected, equal partners with teachers and parents and invested in putting together a school's plan, school wide improvement won't occur. A new way of thinking about professional development is called for. Not only do you have to worry about the professional development of a counselor as a counselor, but also the professional development of the counselor, social worker, nurse, the teachers, principal and other educators in the school so that together they acquire the knowledge and skills necessary to ensure instructional practices that would enable every child to reach high standards.

And that is going to take some open-mindedness on your part, on the part of teachers, on the part of principals, in terms of thinking through some of your roles and responsibilities in a different kind of way. If the teachers, administrators, pupil personnel professionals and other educators in the school view professional development as "what we've got to have for our groups," it's going to be very hard to accomplish the kind of comprehensive effort that I'm talking about.

There is flexibility in the use of professional development money as long as it's part of a thoughtful plan which supports sustained, high quality efforts that help educators enable students to meet high standards. Will it be money especially earmarked for separate categories of people, in terms of all of the professionals that are there? The answer is no.

That does not mean a lack of professional development opportunities for those engaged in coordinated services efforts and other comprehensive district and school strategies to improve teaching and learning. People just won't be broken off segment-by-segment, because the real focus is to change what happens in classrooms as well as in the support services to help children meet high standards.

Thank you very much!

* Unfortunately, only a portion of Secretary Payzant's remarks were captured on tape. What is presented here is the concluding portion of his speech.

Plenary Sessions

A Summary of the Talking Points*

Carol H. Rasco

> *Let's give our children a future. Let us take away their guns and give them books. Let us overcome their despair and replace it with hope. Let us, by our example, teach them to obey the law, respect our neighbors, and cherish our values. Let us weave these sturdy threads into a new American community that can once more stand strong against the forces of despair and evil because everyone has a chance to walk into a better tomorrow.*
>
> President William Jefferson Clinton
> State of the Union Address
> January 25, 1994

Schools are often the one institution in a community that consistently and directly touch the lives of a significant number of residents. Successful schools are those that respond to the child as part of a family and the family as part of a neighborhood and a community. In communities around the country, educational institutions are directly involved in neighborhood revitalization efforts by staying open in the afternoons, evenings and on weekends to allow students and community members to engage in recreational and learning activities, coordinating with other agencies to provide social and health services, opening their doors to parents and other community members for adult education programs, and forging partnerships with business to provide on-the-job training, paid apprenticeships and training in entrepreneurship skills.

The security and attractiveness of a neighborhood depends largely on the quality of its educational institutions. If communities lack strong, vibrant and safe schools, those who can afford to move elsewhere will, and those who remain will not receive a high-quality education that enables them to be productive citizens. Schools can be a neighborhood locus for family-centered and comprehensive services, which will aid in the establishment of safe, disciplined, and drug and alcohol-free schools and communities. School success must become the goal of every system—not just of the schools. Schools and communities around the country are exploring new possibilities to enhance the much needed nonacademic components necessary to help all children reach high standards. In the end there is no substitute for ensuring that all of our schools are places that are safe, where teachers and others listen well to children, and there is effective help for young people to make a successful transition to the labor market or to postsecondary education.

Effective support for children and families requires changes in philosophy and focus. Schools and educators should shift their efforts as much as possible from fragmented, piecemeal, and often inadequate supports and services to comprehensive strategies that emphasize development, opportunities, and prevention. Collaboration among school professionals, families and the community is essential.

If children are to succeed at school, there must be a supportive structure that nurtures and encourages that success. Too many of our children are terrified to go to school, especially as they get to middle school and find gang pressures from older children, so that the threat of violence with the school becomes even more worrisome than the dangers that confront children on their way to and from school.

In a recent survey, 37% of teens said they did not feel safe in school, and 50% said they knew someone who transferred to another school because of safety concerns. The role of pupil personnel services is not and should not be that of police person. However, it is no coincidence that schools that have more adults in the building who are willing and interested in listening to young people and meeting their individual needs are schools that are safer.

Cognitive, social, physical, emotional and moral development are all greatly impacted by the school environment. A 1989 Carnegie report on the education of young adolescents outlined goals of healthy adolescent development. While schools cannot and should not be expected to do everything, they do play a significant role in the development of children and adolescents. Pupil personnel services are a critical element in a school's ability to meet the ever increasing needs of young people. Ironically, just as what is required to be a productive adult is becoming more demanding, the ability of the family and the community to help children succeed at school and to become productive adults is eroding. The objective is not to take responsibility away from the families but, indeed, to enhance a young person's ability to be successful.

The Clinton Administration is well aware that policies and programs affecting children and their families must support and encourage the cooperation of existing organizations such as schools and community organizations. Several major pieces of recent or pending legislation present tremendous opportunities and challenges for schools and communities as they devise comprehensive strategies to serve children and families. Newly enacted or implemented legislation includes:

The Violent Crime Control and Law Enforcement Act of 1994 represents one of the most comprehensive attacks on youth crime to date. To make sure that pupil service providers aren't the ones enforcing our laws, the bill includes tough—but necessary—enforcement provisions: the ability to try some hard-core criminal youth as adults; boot camps and other innovative sentencing options; and more police to enforce the laws and work with at-risk youth. But the bill also contains significant funding to prevent crime and violence in the first place. The Ounce of Prevention Council, with $1.5 million available for 1995, will coordinate new and existing crime prevention programs, including many oriented toward youth; $88.5 million will be available for competitive grants between 1996 and 2000. The Community Schools provision, administered by the Department of Health and Human Services, will provide funding for supervised after-school, weekend, and summer programs. This provision will receive $37 million in 1995 and $530 million for 1996 through 2000. The Family and Communities Endeavor Schools (FACES) program, administered by the Department of Education, will provide $243 million in funding for in-school and after-school activities.

Goals 2000: Educate America Act, the centerpiece of President Clinton's education agenda, recognizes and supports the need for a more comprehensive approach by providing resources to states and communities to develop and implement comprehensive education reforms aimed at helping all students reach challenging academic and occupational skill standards. The law—which addresses school readiness, school completion, competency in challenging subject matters, science and mathematics achievement, literacy, safe, disciplined, and drug-free schools, and parental participation—asks state and local education agencies (LEAs) to create broad-based planning groups that include educators, parents, business leaders, representatives of health agencies, social service agencies, and community organizations that work with children and youth.

The Educating America's Schools Act, Reauthorization of the Elementary and Secondary School Act, strongly encourages states and LEAs to coordinate services. The priority of this legislation is high standards for all children, with the different elements needed for a high-quality education well-aligned so that the education process works smoothly to help all students reach those standards. It requires LEAs to identify in their Title I plans (distributed on a formula basis) exactly how they will coordinate education, health, and social services. The Improving America's Schools Act also supports comprehensive strategies that include drug prevention curricula and programs linking schools and communities.

The President's Directive on Gun Free Schools ensures that states will enact "zero tolerance" policies that prohibit kids from bringing guns to schools. And to make this policy real, the President has also ordered the U. S. Attorneys Office to work with the Department of Education to develop strategies for enforcing the juvenile handgun ban (included in the crime bill) and the zero tolerance adopted by schools.

The School-to-Work Opportunities Act, jointly administered by the Departments of Education and Labor and signed into law in May 1994, provides seed money for states and districts to develop programs that integrate challenging standards and workplace skills so that students graduate from high school with the knowledge and skills they need to enter their chosen professions or to continue their educations. These opportunities can enable this group—70% of American youth—to find employment with career potential.

The Empowerment Zone/Enterprise Community Initiative, administered by the Departments of Housing and Urban Development, and Agriculture, is one of the Clinton Administration's most ambitious projects to promote community development and provide jobs and economic opportunities. Through this initiative, the federal government offers to create compacts with communities and state and local governments. More than 800 communities have submitted applications under this initiative and each application contains a comprehensive and strategic plan for change, with performance-based benchmarks. By participating in this initiative, community residents, schools, businesses, financial institutions, service providers, neighborhood associations, and state and local governments can form or strengthen partnerships to support revitalization.

The Family Preservation and Support Program, authorized as part of the 1993 budget agreement, includes almost $1 billion over five years for states to improve the well-being of vulnerable children and their families, particularly those experiencing or at risk of experiencing abuse and neglect. Because the multiple needs of these children and families cannot be addressed adequately through categorical programs and fragmented service delivery systems, states are encouraged to use the new program as a catalyst for establishing a continuum of coordinated, integrated, culturally relevant, and family-focused services. Services range from preventive efforts to strengthen families by providing crucial support to services for families in serious crisis or at risk of having children removed from the home.

Youthbuild, administered by the Department of Housing and Urban Development, was authorized as "Youthbuild (Hope for Youth)" under the Housing and Community Development Act of 1992. With $40 million available for program implementation and development in fiscal year 1993, Youthbuild's goal is to provide economically disadvantaged youth with education, employment, and leadership skills through opportunities for meaningful work with their communities. Training includes on-site construction work and off-site academic and job skills development.

Head Start, administered by the Department of Health and Human Services, has an impact on child development and day care services, the expansion of state and local activities for children, the range and quality of services for young children and their families, and the design of training for staff involved in such programs. Head Start has served more than 13.8 million children and their families since 1965. Grants are awarded to local public or private non-profit agencies.

* Please note that the above is not a summary of Carol Rasco's remarks at the NEGP/NAPSO conference, but is rather a summary of the notes from which she made her speech.

NAPSO—Safe Schools Presentation

Spencer Coggs

I stand here before you as it relates to diversity, and as it relates to education. As a father of a teenager, that concept of diversity was put to the test recently. A Democratic candidate for governor was challenged by a young African-American male to walk the mean streets of Milwaukee, Wisconsin, to visit his high school with him. So, like any smart candidate would do, he called me to accompany him. Well, we picked up the youngster and I realized that this was an old neighborhood that I had grown up in. The candidate and the reporter who came along were nervous in the early morning darkness, they being of the Caucasian persuasion, but I felt very comfortable. There came a part where we came to an open field and the young fellow said, "We can walk here in the middle unless we hear gunfire, and we normally do," and it was then I began to realize that things had changed in the neighborhood I'd grown up in. That violence had become more prevalent—that the sound of gunfire had become more commonplace to the children in the city of Milwaukee, Wisconsin.

Now, as we look at the 7th Goal, "Safe, Disciplined, Alcohol and Drug Free Schools," we have information that for 10th graders, alcohol use is down. The bad news is that the use of marijuana and other illicit drugs is up. Violence is declining, but the two biggest problems cited by children are still violence and drugs. Statistics show that in New York City nearly 6000 violent incidents occurred in one year, up from the previous year. In the north, violence is reported to be up by 64%, 54% and 42% by both urban and suburban school principals. One surprising statistic came from Tulane University where it was said by young people that it was okay to shoot someone who had stolen something from you. It chills you to hear suburban kids talk like that.

But we're here to talk about safe schools. Recently, in Wisconsin we had a "Safe School Summit." I was able to talk about legislative initiatives that I had proposed and collaboration was stressed. We talked about three legislative ideas. First was "Right from the Start," a child abuse prevention model. It is a holistic program that involves supporting first-time families, home visitations and school interventions, and family resource centers. We have to learn to nourish children even before they get to school, or as we say, "Right from the Start."

Next was the concept of "community mentoring." If we're going to tell kids to say "no" to gangs and turn away from drugs and violence, we have got to have them say "yes" to something. To be able to turn to their own community. We came up with a community mentoring model called "Boyz to Men, Girlz to Women." There simply are not enough African-American males mentoring African-American youngsters out there. The model cost about $250,000. The Governor vetoed it out of the bill—despite the fact that it is well known that one dollar of prevention saves ten in treatment and incarceration. And isn't it like that old Fram Auto Filter commercial, "Pay me now, or pay me a lot later"? It's either about investing in children on the front end, or building 40 million dollar prisons for them on the back end. We have got to stress that prevention has got to be the key.

One proposal that wasn't vetoed was the TABS Program. TABS means Truancy Abatement and Burglary Suppression. It's modeled after two successful programs in San Jose, California, and Oklahoma City, Oklahoma. I have always rejected previous truancy measures that were proposed because of their punitive nature. Children possibly could have criminal records that would follow them for life. This program is unique in that kids on the street during school hours would be stopped by officers, questioned and then taken to a local TABS Center. The contact would generate no record, the police officer would neither arrest nor detain. Now, I don't know how many of you are parents who have had the indignity of receiving a computer generated form in the mail saying that your child had skipped school three weeks ago. And so now you're expected to discipline your child for what he or she did three weeks ago. Well, you don't remember what you did three weeks ago and neither does the child. The beauty of the TABS Program is that as a parent you are notified the same day so that you can do a little intervention right on the spot. TABS works. In the last semester, we picked up and processed 2500 students and had intervention with a number of them. But the one thing we know is that we have got to increase the number of school counselors in the TABS Program. The other thing that happened is that daytime burglaries went down by 33%.

Those are legislative ideas, but one idea I especially liked came right from the community. A Milwaukee Health Department worker with vision named Olu Sijuwade, among others, came up with the concept of the "Safe Night" project. It started in June of this year with over 45 different churches, organizations and community groups. The first Safe Night involved 47 locations. The concept was simple. People coming together, claiming their neighborhoods. The requirements were no alcohol, no illegal substances, no violence, some meditation and some collaboration. There were 30 to 300 people at each location. In all, there were 3000 to 4000 people who participated. It was such a great success because people were doing the one thing that we all should do—communicate. Neighbors finally talked to other neighbors. Neighbors finally found out who they were to each other and where their other neighbors lived on their block. They began to really establish relationships and true ties. Well, it got so good to them that they began to have them every Friday and Saturday night. And they have continued since June. In regard to the cost, over two thirds of these "Safe Night" groups got no funding at all. But I'll be honest, there needs to be some school intervention in this program as well. We should put funding and personnel in[to] the organizations who participate. And let me tell you about the results. Now they are still anecdotal because more results are still coming in. In the month of July, the Milwaukee Children's Hospital Emergency Room reported that their juvenile homicide rate was 40% lower than the previous year. So this tells me we should obviously increase our involvement in the "Safe Nights" movement for cost effective prevention.

I'll conclude my remarks by saying that recently I had what I call a "Press Conference Paradox" the other day. Wisconsin Assembly Speaker Walter Kunicki appointed a Task Force on African-American Males and named me the chairman. Let me give you an important statistic: African-Americans constitute less than 4% of the population of Wisconsin, yet African-American males constitute over 40% of the state's prison population. That is appalling and it has got to change. We had a press conference to announce the Task Force and we held the event outside the Mary Ryan Boys and Girls Club. The Club is located in Sherman Park and there were children laughing and playing in the park. We were there as African-American males, standing there proudly ready to make the announcement of our formulation—and yet there were no cameras or press, except one print reporter and Milwaukee Public Radio. Now there had been a grisly murder in another part of the city, and they were there. And there was a very lurid trial elsewhere regarding another murder case, and they were there, also. But for a positive, up-beat, feel good story on the African-American community, they were absent. Well, we were there and the mike was there. So I took the opportunity, and I said this: "The sound that you hear in the background is the laughter of young children, and many of the children that you hear are young African-American male children. As they get older in their lives, for many reasons the laughter begins to diminish. It is the intention of the African-American Male Task Force to restore that laughter. The laughter of unity, the laughter of vision, and the laughter of hope. It's like this: The kids in my neighborhood can tell the caliber of a weapon by hearing the sound of the gunfire, because the gunfire has been so prevalent. We have got to get all of our children to begin to recognize again the sound of their own laughter." Thank you very much.

Town Hall Meeting Summary

Lindsay Vail

The Safe Schools, Safe Students Conference closed with a Town Hall Meeting to highlight and discuss the issues raised by the conference. This meeting was moderated by Theodore Brown from Project Victory. The panelists included: David Capuzzi, Ph.D., who is a Professor of Counselor Education at Portland State University, the former president of the American Counseling Association, and author of the book *Suicide Prevention in the Schools;* Robert Brown, who is the Executive Director of the Children's Trust Neighborhood Initiatives, Deputy Director of DC's Anti-Drug Campaign, and has worked for 10 years with the Center for Community Change; and Brian Hopson, with the DC Public Schools' Multicultural Values Education Department. These panelists, all involved in efforts to promote safe schools, related their thoughts on this issue and entertained questions and comments from the audience of pupil services personnel. Several broad themes emerged which echoed those presented over the day and a half of the conference.

Early Intervention/Prevention

In his opening remarks, Dr. David Capuzzi stressed the need to promote prevention of and early intervention for at-risk personality types. Students who exhibit low self-esteem, high stress, helplessness, poor communication skills, other-directedness, guilt, and poor problem solving skills, are at greater risk of engaging in violent behaviors, such as suicide, homicide, unprotected sex, etc. Prevention programs in the schools can help students to overcome these "risk" traits before they lead to unsuccessful outcomes. As pupil services personnel, we must develop and support such programs to enhance the safety and success of students.

During the questions and comments period, a comment was made pertaining to the debate about teaching children responsibility versus teaching them to feel good. Mr. Robert Brown responded that students are reflective of ourselves; we must be aware of, and responsible for, the vision we create for them. Dr. David Capuzzi and Mr. Brian Hopson further emphasized the need to assess and focus on student strengths and successes, rather than deficits. It is essential to teach children new ways of behaving and of dealing with conflict situations, rather than allowing them to fail and reap the consequences. Thus, creating programs for prevention/early intervention for traits associated with violence is one of the crucial components of safer schools.

Positive and Negative Messages

A focus on prevention of violence rather than consequences for violent behaviors sends a positive message to students that they are capable of succeeding and interacting non-violently. Several of the panelists mentioned the need to promote this positive image, both for the students and for pupil services personnel efforts. Dr. David Capuzzi stressed the need to stop sending deficiency-focused messages to youth, which make them feel undervalued and destined for failure. Instead, we must give children uplifting messages to enhance their growth and success. Mr. Brian Hopson, in describing the student advocacy initiative of the Multicultural Values Education Department, emphasized the program's attempt to create a value-centered environment, in which all students feel valued and respected. By sending messages of respect, the students learn to respect themselves and each other.

Taking a slightly different approach, another panelist criticized the media for highlighting only violent, negative incidents, which damages the schools' image. This theme was revisited several times when the floor was opened to questions and comments. Irwin Hyman, of Temple University, and John Grant, of NASW, both reiterated that the media gives attention only to the negative and violent conditions, and none to the intrepid attempts to reduce violence and promote safety, which hampers those efforts. Mr. Robert Brown received applause when he pointed out that the media is a money-driven industry which supplies what is demanded; in order to change the media, we must change what we demand. Thus, promoting positive, rather than deficiency-focused, messages to students, and devoting media attention to efforts to promote safety instead of just violent incidents, are seen as necessary components for improving the safety of schools and students.

Empowering Youth

In conjunction with providing positive messages and a value-centered environment for youth, it is also essential to empower them. This is a central component of the student advocacy initiative described by Mr. Brian Hopson. In this program, students are empowered to think critically for themselves. When conflict situations arise, rather than arbitrating the conflicts for the students, the staff teaches students how to mediate. This provides students with the tools they need to work through conflict situations without engaging in violence. This leads them to feel empowered and respected, and decreases their tendency to resort to violence. The potency of empowering students was reiterated by a member of the audience, Mr. Frank Smith, who participated on a School Psychology Task Force on School Violence in Georgia. This task force included several students, who quickly assumed a leadership role in the group, and helped to generate many strategies for addressing school violence. Thus, when students are empowered to think through conflicts critically, it enables them to create and engage in non-violent solutions to problems.

Educating the Whole Person

In addition to empowering students to resolve conflicts, it is also necessary to teach students the life skills necessary to become successful citizens. Dr. David Capuzzi emphasized the importance of educating the whole person. Students who are under stress, dependent on drugs, or exposed to violent conditions are not available for learning. Thus, it is essential that we help children to become mentally healthy, by teaching them the requisite social and other skills, so that they may be successful. To do this, the curriculum must become more comprehensive, to include mental health, life skills, human sexuality, and other content areas now so vital to the safety and survival of students. Mr. Brian Hopson underscored this point by describing the curriculum used in the student advocacy initiative program. It includes a focus on life skills, human development, and substance abuse and violence prevention. Educating children in these areas is essential to their safety, both within and outside of schools.

Appreciating Racial/Cultural Diversity

An important element is sometimes at the root of violent acts—racial tension and conflict—was addressed briefly by the panelists. Dr. David Capuzzi mentioned the importance of celebrating diversity and providing opportunities to develop multicultural awareness. Mr. Brian Hopson explained that his program accomplishes this by promoting cultural awareness and acceptance of cultural diversity. A student from Temple University asked specifically what types of programs, and what strategies, are recommended for resolving these issues. Mr. Brian Hopson stated that the belief in his program is that racial conflict stems from a lack of understanding and experience with different cultures. Thus, one goal of the program is to increase students' experiences with other cultures, in order to promote understanding. Mr. Theo Brown, the moderator, stressed that mediation is a powerful tool for addressing racial conflicts. The basic goal of mediation is to increase understanding of others' perspectives, even when these include racial or ethnic differences. The process of mediation involves a re-statement of the conflict, clarification of the personal perspectives, and increased empathy for others' beliefs. He pointed out that mediation strategies need to be utilized more frequently in schools. Another panelist then drew attention to the fact that racial tension is perpetuated by adults, who often avoid the issues out of fear. In order to reduce the tension, we must be willing to talk about it and to gain awareness ourselves. The strategies for improving race/ethnic relations, then, involve providing students with experiences with other cultures, introducing the mediation process for resolving racial tensions, and becoming more aware of and open to cultural diversity ourselves.

Safe Neighborhoods

Two of the panelists expressed the need to improve the safety of the surrounding communities if the schools are to be truly secure. Mr. Robert Brown stated simply that it is impossible to have safe schools in neighborhoods where people do not feel safe. Another panelist went one step further and expressed his belief that schools can never be completely safe. This is due to the fact that schools are large, impersonal institutions where there is a great deal of transition. Often, though, the schools are safer than the surrounding neighborhoods, so that the school staff actually worry more about the children's safety outside of school. Several members of the audience spoke to this issue. Most notably, Dr. Irwin Hyman cited statistics supporting the fact that schools are actually the safest place for students. He indicated that, if we wish to end violence, we must stop the violence perpetuated against children, including corporal punishment. Mr. Robert Brown responded to the contention that schools are the safest place for children by emphasizing that schools cannot be safe if neighborhoods are unsafe; furthermore, schools are not safe if children are failing. He emphasized that violence is not simply blatant physical or verbal aggression, but violence also occurs whenever children fail to reach their potential. It is the function of schools, and pupil services personnel, to help children succeed and avoid this type of violence as well.

Public Policy

Many new directions for schools and the educational system were suggested throughout the conference; one of the means for effecting these changes in our schools is to influence policy. Dr. David Capuzzi encouraged all pupil services personnel to assume responsibility for shaping policy, by calling, writing, or meeting with legislators about important issues. This will ensure that they know what we want and what is needed in the schools; united action will influence voting on crucial bills. A member of the audience from NASW reiterated this point, and expressed optimism about our ability to effect changes. She cited the work done on IASA, which has led to the mandate of local advisory councils for drug-free schools. Once policies such as this have been enacted, it is possible to get representation on the councils and to use the laws to the best advantage for the children we serve.

Fulfilling Our Promises

To achieve the goals of safe schools and safe students, it is necessary that all pupil services personnel fulfill their roles. Mr. Robert Brown spoke eloquently of the "violence of the broken word." Essentially, when people are not accountable to themselves and to others, and when promises are broken, then violence is perpetuated. If we as pupil services personnel are to truly make a difference, we must realize the titles we assume. We cannot embrace our roles until we have embraced those in need of them. Thus, to truly make adifference, we must consider each child's failure our own failure, and make each child's success as importance as our own. We must dare to dream, as Dr. David Capuzzi said, and must choose enlightenment and safety for children rather than darkness and fear. These messages are important to remember—that our commitment and efforts towards the safety of students, and our embracing of the roles we have chosen, is the first and foremost step towards achieving the goal of safe schools for students.

Collaboration

Although none of the panelists spoke of collaboration directly, this was a theme underlying the entire conference and each speaker's message. This includes collaboration between the different pupil services personnel; between practitioners and policy makers; and between schools and communities, to achieve the goals of this conference. As Dr. David Capuzzi pointed out, this will require a focus on systemic, rather than individual, change. The structure of the schools must be changed to make them more accessible to parents. The structure of service delivery systems must be coordinated in order to meet the needs of children. It is only through working together, working with policy makers, and working with community people and agencies, that we can insure the safety of our schools and students.

As Mr. Theodore Brown noted in closing, this conference provided a forum to begin building alliances and confronting the issues which will manifest in the efforts to create safer schools.

Now, we must act on the ideas and strategies presented at this conference. We must take responsibility for creating the changes we envision, in order to create schools that are safe for students.

What Can Pupil Services Personnel Do to Create Safe, Disciplined and Alcohol and Drug-Free Schools?

David Capuzzi

Focus on Systemic Change

Pupil services personnel must focus on systematic change rather than on changing individual students to fit a system that is not always designed to help children and adolescents develop identity and high self-esteem. Research focused on at-risk children and adolescents shows, over and over again, the powerful relationships between low self-esteem and youth at-risk for attempting or completing suicide or homicide, abusing drugs, participating in gang activities, becoming pregnant or HIV positive, dropping out of school or becoming eating disordered. Just as tragic is the situation in which thousands of young people graduate without an education, without a sense of identity and values and without a sense of belonging, support and love.

Pupil services personnel must advocate to empower school faculty, staff and administration to promote individual dignity and self-esteem, to design curricular experiences less focused solely on content area teaching but broadened to include education on mental health, life skills, wellness, career, life style planning and human sexuality across the life-span education.

Promote Early and Primary Intervention Efforts

The at-risk profile can be identified during early childhood and elementary school years. The profile is:

- Low self-esteem;
- High stress;
- Helplessness, hopelessness;
- Poor communication ability;
- Other-directedness;
- Achievement to compensate;
- Guilt;
- Depression;
- Poor problem-solving ability, etc.

Show me an elementary child exhibiting these traits and I'll show you a middle-school child who has made choices which puts him or her at risk for suicide, gang membership, drug abuse, pregnancy, etc.

Children need to be able to access prevention programs that address and help overcome the above traits prior to the point at which choices are made which impact their future in negative ways. We need elementary counselors, social workers, student assistant specialists, etc. in every elementary school.

Stand Up to Challenges Presented By Groups Who Believe That Schools May not Educate the Whole Person and May not Provide Counseling and Related Services

These groups believe that the school must not deal with enhancing self-esteem, decision-making, drug abuse, conflict resolution, suicide prevention, gender orientation, etc., because to do so is anti-Protestant, anti-Catholic, anti-God, contains new age elements akin to meditation, hypnosis, or counseling and psychotherapy.

Never forget that learners who arrive at school stressed, confused, depressed, on-a-substance, etc. cannot possibly be receptive to teaching and learning activities no matter how expert and dedicated is the provider.

Influence the Development of Social Policy

Don't be afraid to call and write and personally meet the legislators you have elected to represent you on both state and national levels. Sometimes legislators vote a bill up or down on the basis of just a few contacts and calls from members of their constituencies. Be sure your legislator knows what the majority of voters really want. Don't assume that "others" will advocate for the rights of our children. Each of us must do so.

Demand That Our Universities Prepare Teachers Differently

Our teacher preparation programs do an excellent job at creating the master teacher for a variety of content areas. How many teacher education programs prepare the teacher to be a positive role model, to master basic verbal communication skills, to reach out to students and discuss their personal and family concerns in order to provide support and facilitate referral to pupil services personnel? How many teacher education programs, how many school districts, give permission to teachers to teach the total child and to depart from strictly academic content to teach the skills for coping, for living, for loving, for parenting? How many teacher education programs screen applicants to insure that they are emotionally equipped to work in our schools? How many teacher education programs require, before the fact, that candidates obtain counseling to resolve their own issues? How can a teacher with an anger management problem or an alcohol problem promote safe and drug-free school environments?

Encourage Others to Stop Sending Negative, Deficiency Focused Messages to Our Children and to Our Adolescents

"Latinos, in some areas, have a 50% drop-out rate."

"One in four African-Americans 18-24 years of age ends up in prison."

"Native Americans have substance abuse difficulties 50% to 100% higher than Euro-Americans."

These translate into:

"You are not smart, you are destined for failure, you must be watched so you won't kill or steal."

How many of us, in this room, would feel prized, valued, wanted, trusted and loved if that's what we've always heard?

This kind of a self-identity results in:

- Self-hate,
- Self-blame,
- Mistrusting others,
- Violence and
- School failure.

Encourage Others to Empower Youth By Providing Positive Role Modeling

"I'm glad you're here today."

"I was worried about you."

"I missed you yesterday."

"You can learn this."

"You were really smart about how you handled the situation."

"Would you like to talk about it?"

These are the messages the youth of today need to hear. These are the messages that help children develop a success identity and the ability to bond, to love, and to trust.

Take Care of Yourself and Support Those Around You in Doing the Same

Working in school environments is not easy for the counselor, social worker, school psychologist, school nurse, special educator, student assistant specialist, etc. Our tasks are, at times, monumental and the barriers to progress can seem insurmountable. Take time for yourself, take time for your family and friends, relax, walk, dance, laugh, do what you need to do to avoid burnout.

Caregivers need caring too!

Teach Others to Celebrate Diversity

Differences are to be embraced, enjoyed and learned from. Opportunities to develop multicultural awareness, understanding and acceptance must be provided for the students in our schools. Prior to that, these same opportunities must be provided for school faculty, staff, and administrators. I think sometimes people forget that cultures which force conformity and sameness crumble and fall into ruin, isolation, fear and repression. African-American, Asian-American, Hispanic-American, Euro-American, Jewish, Catholic, Protestant, Buddhist, individuals with hearing, speech or mobility disabilities, gay, lesbian, bisexual, heterosexual, intellectual, athletic, artistic —it does not matter. Celebrate, learn, and understand one another.

Dare to Dream, Hold on to Your Dreams and Encourage Those Around You to Do the Same

In our youth is the foundation for our future, our hope or our despair. The children and adolescents of today will control the future of each of us in this room today. What kind of a life do you want to have when you are 65, 75, or 85? What do you want for your grandchildren and your great grandchildren? Enlightenment, hope, a safe environment or darkness, despair, and fear?

We cannot settle for what is, we cannot continue to let others monitor and attempt to control our youth and call it education. Our schools, our systems and those who work in them must undergo a transformation that prepares young people cognitively, emotionally, spiritually and physically to achieve wellness across the life span.

I am reminded never to settle for less and never to give up when I remember these four lines of poetry:

"Great it is to believe the dream, as we stand in youth by the starry stream. But a greater thing is to fight life through and say at the end, the dream is true."

The dream?

Safe Schools Safe Environments

How?

Children and adolescents who know they are loved, who love others, who trust, care, collaborate.

How?

Adults in our schools who feel the same way about themselves and who have a comprehensive view of education—a view which encompasses education of the whole person. Can we, in this room, be part of this transformation? Colleagues—we have no choice and yes, together we can make a difference!

Pupil Services and Education Reform

Howard S. Adelman and Linda Taylor

The nation is about to begin a new round of concerns addressing safe and drug free schools. Unfortunately, unless there are dramatic changes in prevailing policies and practices, we fear the country will experience another round of piecemeal and fragmented project activity that wastes too much of what already are too limited resources.

In the brief space assigned, we want to explore some central concerns about prevailing policies and practices related to addressing barriers to learning and factors that interfere with effective schooling (including, but not limited to, school violence and substance abuse). Let's begin by looking at two major movements sweeping the country that affect all of us for better or worse. Each has the potential to make things better for students, their families, schools, and society. But each has critical deficiencies that weaken their promise.

The Movements to Restructure Education and Community Health and Social Services

It is commonplace for school restructuring proposals to allude to the need for support programs and services to address factors that interfere with students' learning and performance. Compared to discussions of instructional and school management reform, however, specific recommendations for policy and practice have not been forthcoming. Review of the relevant literature primarily finds general statements affirming that such enabling activity is essential to the educational mission.[1] A few analysts have gone on to express concern that existing resources are insufficient, hard to access, and are pursued in a fragmented manner. Criticism of fragmentation encompasses school-operated support services and community-based health and social service delivery. There have been calls for (a) connecting programs dealing with psycho social and health problems as closely to each school as feasible, and (b) evolving such programs into a comprehensive, coordinated, and increasingly integrated package of assistance for students and their families.

While such calls have not guided reform of school-operated programs, they have influenced the restructuring of community health and social services. State-wide initiatives are burgeoning (e.g., in New Jersey, Kentucky, California) aimed at integrating community-based services and linking them to school sites.[2] Here, one finds highly specific policy and practice recommendations. It should be noted that the primary emphasis of these initiatives is on restructuring community programs to improve their cohesiveness. Increasing accessibility by linking them to school sites is a secondary emphasis and, unfortunately, a deficient one in that it does not attend to how school-linked community programs are to mesh with existing school-operated support programs.

The major deficiencies in both movements represent fundamental flaws in prevailing policy thinking. Because of these deficiencies, the combined impact of the two movements seems to have produced an inappropriate narrowing of focus among policy makers. That is, talk among policy makers is primarily about school-linked services. In doing so, they tend to ignore the invaluable school-operated resources currently devoted to providing a wide range of education support activity.

Prevailing policies and practices must be reformulated if we are to effectively address barriers to student learning. In particular, attention must be given to correcting the deficiencies we have highlighted with respect to the movement to restructure education and the initiatives designed to encourage school-linked services. This includes weaving together those facets of the two movements that are meant to address barriers to learning, using as a guiding principle the intent of creating a comprehensive and integrated programmatic approach. It also includes blending such a comprehensive and integrated programmatic approach with the instructional component of education reform.

Our main purpose here is to highlight the need for systematic work on the fundamental restructuring of education support programs and services, with specific emphasis on enhancing their nature and scope through linkages with community programs. To this end, a new concept dubbed the Enabling Component is introduced.

Formulation of an Enabling Component as a general concept helps highlight major policy gaps in the movement to reform schools and initiatives to integrate health and human services. Furthermore, as operationalized here, the concept represents a basic organizational and programmatic reconception of education support activity (school-based and -linked programs/services) aimed at promoting healthy development and addressing barriers that interfere with teaching and learning. The presentation reflects ongoing work related to several restructuring initiatives, including one of the nine national "break the mold" models supported by the New American Schools Development Corporation.

The Enabling Component

No one denies there are many factors that interfere with students' learning and performance. The consensus is that significant barriers are encountered by the majority of students in a large number of schools, particularly schools where a high proportion of students are poor or immigrants or both.[3] We suggest that commitment to the success of all requires an array of activities to enable learning.

The scope of the problem makes it essential that new directions for policy and practice go beyond initiatives designed to integrate community health and social services and, as feasible, improve access by linking them to schools. By themselves, health and social services are an insufficient strategy for addressing the biggest problems confronting schools. They are not, for example, designed to address a full range of factors that cause poor academic performance, dropouts, gang violence, teenage pregnancy, substance abuse, racial conflict, and so forth. Moreover, the efficacy of any service may be undermined if it is not well integrated with other services and with key programs at the school site. As noted, in linking services to schools, the tendency is to link them to sites without attending to their integration with a school's education support programs and the work of the classroom teacher. These are not criticisms of the services per se. The point is that such services are only one facet of a comprehensive approach. And, the matter is compounded by the superficial way enabling activity is attended to by the movement to restructure education.

A broad perspective of what is needed emerges by conceiving an enabling activity as addressing all barriers to learning that are not accounted for by restructuring the instructional and management components of schooling. In general, an enabling activity encompasses efforts to prevent and correct learning, behavior, emotional, and health problems. In doing so, it can enhance a school's efforts to foster academic, social, emotional, and physical functioning.

Most schools and many community services use weak models in addressing barriers to learning. The primary emphasis in too many instances is to refer individuals to specific professionals which leads to narrow and piecemeal services and inevitably overwhelms available resources. More ideal models emphasize the need for a comprehensive continuum of community and school interventions to ameliorate complex problems. Such a continuum ranges from programs for primary prevention and early age intervention—through those to treat problems soon after onset—to treatments for severe and chronic problems. Programs are to address problems developmentally (i.e., from before birth through each level of schooling and beyond) and with a range of activity—some focused on individuals and some on environmental systems. Included are programs designed to promote and maintain safety at home and at school, programs to promote and maintain physical/mental health, preschool and early school adjustment programs, programs to improve and augment social and academic supports, programs to intervene prior to referral for intensive treatments, and intensive treatment programs. Given the scope of activity, it is evident that effectiveness and efficiency require formal and long-lasting interprogram collaboration.[4]

One implication of all this is formulated as the proposition that a comprehensive, integrated program of enabling activity is essential in addressing the needs of the many who encounter barriers to their benefiting satisfactorily from instruction. The concept of an Enabling Component encapsulates this proposition. It represents a fundamental shift in thinking about activity designed to enable schools to teach, students to learn, families to function constructively, and communities to serve and protect. The concept calls for moving (a) from fragmented, categorical, and discipline-oriented services toward a comprehensive and cohesive programmatic approach, and (b) from activity that is viewed as supplementary ("added-on") toward a full-fledged integrated component of restructuring that is understood as primary and essential in enabling learning. It meshes together school and community enabling activity, it addresses specific problems experienced by students and their families, [and] it emphasizes promoting healthy development and positive functioning as the best way to prevent many problems and as a necessary adjunct to corrective interventions.

Conception of an Enabling Component paves the way for understanding that school restructuring agendas should encompass three primary and complementary components: instruction, enabling, and management. From this viewpoint, it is argued that the Enabling Component warrants a degree of attention by policy makers, scholars, and practitioners that is at least on a par with efforts to restructure instruction and management.

Policy into Practice

Operationalizing an Enabling Component requires (a) restructuring and expanding resources in ways that enhance coordination and movement toward a school-based/linked programmatic focus, (b) integrating school and community resources to the degree feasible, (c) enhancing access to other community programs by developing cooperative linkages between community and school site programs, and (d) integrating the Enabling, Instructional, and Management Components. Contemporary wisdom suggests that major changes in an institution's culture and practices require bottom-up and top-down effort. Thus, adoption of and ongoing commitment to any new vision of schools must be based on informed decision making by a broad range of interested parties (i.e., stakeholders such as parents, students, school staff, administrators, policy makers). Moreover, bringing the vision of an Enabling Component to life requires development of an infrastructure and specific mechanisms that create a component that is a strong partner with instruction and management.

Work to-date has delineated six programmatic areas, underscored the importance of restructuring from the school outward, and clarified an infrastructure of basic mechanisms to be established at the school level and outside the school. What follows is an abbreviated introduction to each of these topics.[5]

Six Programmatic Areas

Based on analyses of the types of school and community activity that have emerged to address barriers to satisfactory school learning and performance, my colleagues and I have identified such enabling activity as falling into six programmatic areas:

Classroom Focused Enabling. When a teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the regular classroom and perhaps with added home involvement. The focus is on enhancing classroom-based efforts to enable learning by increasing teacher effectiveness for preventing and handling problems in the classroom. This is accomplished by providing personalized help to increase a teacher's array of strategies for working with a wider range of individual differences. For example, teachers learn to use peer tutoring and volunteers to enhance social and academic support, to increase their range of accommodative strategies and their ability to teach students compensatory strategies; and as appropriate, they are provided support in the classroom by resource and itinerant teachers and counselors. Two aims of all this are to increase mainstreaming efficacy and [to] reduce the need for special services.

Work in this area requires: (a) programs for personalized professional development; (b) systems to expand resources; (c) programs for temporary out of class help; and (d) programs to develop aides, volunteers, and any others who help in classrooms or who work with teachers to enable learning. Through classroom-focused enabling programs, teachers are better prepared to address similar problems when they arise in the future. (The classroom curriculum should already encompass a focus on fostering socio-emotional and physical development; such a focus is seen as an essential element in preventing learning, behavioral, emotional, and health problems.)

Student and Family Assistance. Some problems cannot be handled without special interventions; thus, the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activity in an integrated manner. Special attention is paid to enhancing systems for triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. Ongoing efforts are made to expand and enhance resources. As major outcomes, the intent is to ensure special assistance is provided when necessary and appropriate, and that such assistance is effective.

Work in this area requires: (a) programs designed to support classroom focused enabling, with specific emphasis on reducing the need for teachers to seek special programs and services; (b) a stakeholder information program to clarify available assistance and how to access help; (c) systems to facilitate requests for assistance and strategies to evaluate the requests (including use of strategies designed to reduce the need for special intervention); (d) a programmatic approach for handling referrals; (e) programs providing direct service; (f) programmatic approaches for effective case and resource management; and (g) interface with community outreach to assimilate additional resources into current service delivery.

Crisis Assistance and Prevention. The intent here is to respond to, minimize the impact of, and prevent crises. Desired outcomes of crisis assistance include ensuring [that] immediate emergency and follow-up care is provided so [that] students are able to resume learning without undue delay. Prevention activity outcomes are reflected in indices showing [that] there is a safe and productive environment, and that students and their families have the type of attitudes and capacities needed to deal with violence and other threats to safety.

Work in this area requires: (a) systems and programs for emergency/crisis response at a site, throughout a school complex, and community-wide (including a program to ensure follow-up care); and (b) prevention programs for school and community to address school safety and violence reduction, suicide prevention, child abuse prevention, and so forth.

Support for Transitions. This area involves planning, developing, and maintaining a comprehensive focus on the variety of transitions concerns confronting students and their families. Anticipated outcomes are reduced alienation and increased positive attitudes and involvement related to school and various learning activities.

Work in this area requires: (a) programs creating a welcoming and socially supportive school community, especially for new arrivals; (b) counseling and articulation programs to support grade-to-grade and school-to-school transitions, moving to and from special education, going to college, moving to post-school living and work; and (c) before school, after school, and intersession programs to enrich learning and provide safe recreation.

Home Involvement in Schooling. Work in this area includes: (a) programs to address specific learning and support needs of adults in the home, such as ESL classes and mutual support groups; (b) programs to help those in the home meet their basic obligations to the student, such as instruction for parenting and for helping with schoolwork; (c) systems to improve communication about matters essential to the student and family; (d) programs to enhance the home-school connection and sense of community; (e) interventions to enhance participation in making decisions that are essential to the student; (f) programs to enhance home support related to the student's basic learning and development; (g) interventions to mobilize those at home to problem solve related to student needs; and (h) intervention to elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a parent center (which may be part of a Family Service Center facility if one has been established at the site). Outcomes include indices of parent learning, student progress, and community enhancement specifically related to home involvement.

Community Outreach for Involvement and Support (including a focus on volunteers). Outreach to the community is used to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to: (1) public and private community agencies, universities, colleges, organizations, and facilities; (2) businesses and professional organizations and groups; and (3) volunteer service programs, organizations, and clubs. Outcomes include indices of community participation, student progress, and community enhancement.

Work in this area requires: (a) programs to recruit community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements); (b) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students—especially targeted students); (c) programs outreaching to hard-to-involve students and families (those who don't come to school regularly—including truants and dropouts); and (d) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs).

In organizing the six programmatic areas into an Enabling Component, it is the content of each area that guides program planning, implementation, evaluation, personnel development, and stakeholder involvement. The emphasis throughout is on collaboration, coordination, and integration among all enabling activities and with the Instructional and Management Components. Moreover, the intent is to weave together a continuum of programs (from primary prevention to treatment of chronic problems) and a continuum of interveners, advocates, and sources of support (e.g., peers, parents, volunteers, nonprofessional staff, professionals-in-training, professionals). It should be noted that it is the broad nature and scope of the activity in each area that make collaboration within and between each area essential; it is the many ways the various activities overlap and interact that require they be integrated.[6]

As feasible, the integrated use of advanced technology is highly desirable. Examples include a computerized system to organize information, aid case management, and link students and families to referrals; interactive audiovisual resources as program aids; and video and computer networks for staff development. Also if feasible, a Center facility provides a useful focal point and hub for Enabling Component operations. Given the increasing interest in creating "one-stop shopping" Family/Youth Service Centers and Parent Centers at school sites, it is worth emphasizing that the existence of a center is not a sufficient basis for assuming appropriate programmatic activity is in place or that the activity is integrated. For instance, establishment of a parent center does not guarantee a broad and well-designed program for enhancing home involvement in schooling.

Restructuring from the School Outward

An infrastructure must exist for the Enabling Component to function. Organizational and operational mechanisms at the school, complex, cluster, and system-wide levels are required to provide oversight, leadership, resource development, and ongoing support.[7] Well-designed mechanisms provide the means for: (a) arriving at decisions about resource allocation; (b) maximizing systematic and integrated planning, implementation, maintenance, and evaluation of enabling activity; (c) outreaching to community resources in ways that create formal working relationships that bring some of the resources to campuses and establish special linkages with others; and (d) upgrading and modernizing the component in ways that reflect the best intervention thinking and use of technology. The focus is first on school level mechanisms related to the six programmatic areas. Then, based on a determination of what is needed to facilitate and enhance school level efforts, mechanisms are conceived for groups of schools and system-wide.

A programmatic approach to barriers to learning must coalesce at the local level. The school and its surrounding community are a reasonable focal point around which to build a multi-level organizational plan. For schools, the first challenge in moving from piecemeal approaches to an integrated Enabling Component involves weaving existing enabling activity together (including curricula designed to foster positive social, emotional, and physical development). The second challenge is to: (a) evolve existing programs so they are more effective; and (b) reach out to other resources in ways that expand the Enabling Component (e.g., by groups of schools entering into collaborations; by establishing formal linkages with community resources; [and] by attracting more volunteers, professionals-in-training, and community resources to work at the school site). Meeting such challenges requires well conceived and appropriately supported mechanisms. (Establishment and maintenance of any school-based mechanism, of course, requires sanctioning and resource support from school governance bodies and staff, and often from the community as well.) In general, comprehensive restructuring of enabling activity generally must be done in phases.

It is essential to identify a school-site leader for the Enabling Component. This is a person who sits at the decision making table when plans regarding space, time, budget, and personnel are made and whose job description specifies responsibilities for ensuring the proper operation of mechanisms for coordination, resource development, and accountability.

A specific school-based mechanism must exist for each of the six programmatic areas so that each is pursued optimally in daily practice and maintained over time. (Many schools, of course, are unable to simultaneously establish mechanisms to cover all six areas outlined above and will need to phase them in.) One way to conceive the necessary mechanisms is in terms of school-based program teams. The functions of each team are to ensure [that] programmatic activity is well-planned, implemented, enhanced, evaluated, maintained, and appropriately evolved.[8] A basic problem in forming teams is that of identifying and deploying committed and able personnel. To begin with, a couple of motivated and competent individuals may take the lead [in] a given programmatic area—others [may be] recruited over time, as necessity and/or interest [requires]. Some program "teams" might even consist of one individual. In some cases, one team can address more than one programmatic area, and for some areas, one team might serve more than one school.

In addition to the program teams, a separate on-site organizational mechanism for resource coordination addresses overall cohesion among the six programmatic areas. This mechanism also can be conceived as a school-based team. Such an Enabling Component Coordinating Team can reduce fragmentation and enhance cost-efficacy of enabling activity by assisting program teams in ways that encourage them to function in coordinated and increasingly integrated ways. Properly constituted, this group can also provide on-site leadership related to the Enabling Component and ensure its maintenance and improvement.

Conceptualization of the infrastructure at the school level helps clarify the Enabling Component mechanisms needed at school complex, cluster, and system-wide levels. For example, schools require assistance in establishing (and often in maintaining) school-based mechanisms related to enabling activity. An Organization Facilitator represents the type of mechanism that can provide the necessary expertise.[9] Such a specially trained professional can aid in establishing and developing school-based teams and in clarifying how to link up with community programs and enhance community involvement. By rotating within a group of schools (e.g., 10-12), a facilitator can phase-in appropriate school-based teams at each school over several months. Then, the facilitator can move on to another group of schools. After moving on, the facilitator can return periodically to share new ideas for enabling activity and assist in developing additional programs and related in service. A relatively small cadre of Organization Facilitators can phase-in essential mechanisms throughout a relatively large district over a period of several years. Personnel to be trained for these positions can be redeployed from the ranks of support service staff, such as psychologists, counselors, and social workers, or from administrative or specialist personnel.

Groups of schools in the same locale often have common concerns and may have programmatic activity that can use the same resources. By sharing, they can eliminate redundancy and reduce costs. To these ends, representatives from each participating school can form an interschool Coordinating Council. The representatives might be chosen from each site's Coordinating Team. Such a mechanism can help: (a) coordinate and integrate programs serving multiple schools; (b) identify and meet common needs with respect to guidelines and staff development; and (c) create linkages and collaborations among schools and with community agencies. In this last regard, the group can play a special role in community outreach to create formal working relationships, as well as ensuring that represented schools have access to supplementary interventions and specialized back-up assistance from system-wide resources. In general, such a council can provide a useful mechanism for leadership, communication, maintenance, quality improvement, and ongoing development of an Enabling Component. As with the school-based teams, Organization Facilitators can assist in the development and maintenance of such councils. Technology can be used to enhance council activity and save time and effort.

School, complex, and cluster level mechanisms are not sufficient. Personnel functioning at these levels benefit from system-wide leadership and from system-wide programs, special demonstration projects, and from specialized help provided at special sites or that can occasionally be brought to the school site.

With specific respect to ensuring coherent oversight and leadership for developing, maintaining, and enhancing the Enabling Component, three system-wide mechanisms seem essential. One is a system-wide leader with responsibility and accountability for the component. This leader's functions include: (a) evolving the district-wide vision and strategic planning for the Enabling Component in ways that are consistent with legal and professional guidelines; (b) ensuring coordination and integration of enabling activity among groups of schools and system-wide; and (c) establishing linkages and integrated collaboration with special education programs and programs operated by community, city, and county agencies. The leader's functions also encompass evaluation activity such as determining whether enabling efforts are equitably distributed across schools, conducting periodic quality improvement reviews of mechanisms at all levels, and of course ascertaining outcome efficacy. Two other recommended mechanisms at this level are a system-wide resource coordinating council and a design team.

Awareness of the myriad of political and bureaucratic difficulties involved in making major institutional changes, especially with limited financial resources, leads to the conclusion that large-scale restructuring must be done in phases and with redeployment of existing resources. With respect to the concept of an Enabling Component, a district must first develop a policy commitment that ensures movement toward a comprehensive, integrated approach to enabling learning. Such a commitment means adopting Enabling as a primary and essential component on a par with the Instructional and Management components. The district then must adopt/adapt a prototype and create the system-wide mechanisms needed to operationalize the policy. It should be noted here that while system-wide mechanisms are created first, their development is based on a clear conception of how they support what is going on at the school and then at the complex and cluster levels. In creating school, complex, and cluster level mechanisms, the initial emphasis should be at the school level and should begin by weaving together existing resources and developing school-based program teams designed to meet the school's most pressing needs (e.g., teams focused on Student and Family Assistance, Crisis Assistance and Prevention, Classroom-Focused Enabling). All this means new roles and functions for some staff and greater involvement of parents, students, and representatives from the community.

Concluding Comments

To underscore our central points: First, we've tried to convey the need for revising policy at all levels. We've suggested it's essential to move from fragmented and narrowly targeted strategies to a cohesive and comprehensive continuum of interventions. In this regard, we stressed the importance of fully embracing the idea of a comprehensive and integrated programmatic approach to enabling effective schooling and learning. We also highlighted that enabling activities must be treated as a primary and essential component of education reform and not just as "add-ons" that are the first to go when the budget's tight. As a unifying idea around which policy can be reformulated, we've suggested the concept of the Enabling Component. It's meant to guide efforts to restructure enabling activity in schools, weave such activity together with initiatives to integrate community health and social services, and intertwine the whole enterprise with instruction. To bring the concept to life, we've sketched out a specific programmatic approach and infrastructure relevant to establishing an Enabling Component at a school site.

Finally, we caution that it is likely the eight National Educational Goals will not be achieved unless education reformers place a high priority specifically on restructuring activity meant to address barriers to learning. Indeed, we believe reformers must pay the same degree of attention to restructuring enabling activity as they currently devote to restructuring instruction and school management. This can happen if policy makers realize that, in a fundamental sense, there is really only one National Educational Goal: that is to ensure that all children have the kind of tomorrow that each of us wants for our own children.

It's up to all of us to elevate the prevailing discourse in our respective fields. We must lead the way by breaking out of the boxes that limit our perspective on how to address the many barriers that interfere with effective instruction. We must coalesce around a unifying reform concept that the general public and policy makers can understand in the same way they understand the importance of restructuring instruction. And we must weave our practices together with the same holistic orientation that is permeating current efforts to reform instruction. To do any less is to maintain a very unsatisfactory status quo.

Notes

[1] As examples, see Barth (1990), Elmore & Associates (1990), Lewis (1989), Lieberman & Miller (1990), Murphy (1991), National Association of Social Workers (1985), Newmann (1993), Sarason (1990), Schlechty (1990), Stedman, (1993), Task Force on Education of Young Adolescents (1989), Wehlage, Smith, & Lipman (1992).

[2] Across the country, policy makers are recognizing the critical importance of moving toward improved coordination and eventual integration of health, social, and human service programs. A variety of demonstration projects have adopted the concept of "one-stop shopping"—whereby a center (e.g., a Family Service Center) is established at or near a school-site to house [and offers] as many health, mental health, and social services as feasible. For examples of basic discussions, see: Adler & Gardner (1994); Center for the Future of Children staff (1992); Center for the Study of School Policy (1991); Chaudry, Maurer, Oshinsky, & Mackie (1993); Dryfoos (1993, 1994); Government Accounting Office (1993); Herrington (1994); Hodgkinson (1989, 1991); Holtzman (1992); Kagan (1990); Kagan, Rivera, & Parker (1990); Kirst (1991); Koppich & Kirst (1993); Kusserow (1991); Melaville & Blank (1991); and Morrill, Marks, Reisner, & Chimerine (1991).

[3] A visit to any poverty area school underscores this point vividly and poignantly. For a discussion of the dimensions of the problem, see: Committee for Economic Development (1987); Dryfoos (1994); Nightingale & Wolverton (1993); and O'Neil (1991).

[4] Melaville & Blank (1991), Newmann (1993), and Smith & O'Day (1991) have stressed not only the importance of collaboratives but the problems related to establishing them.

[5] For a more extensive discussion, see Adelman (in press).

[6] Another perspective of the nature and scope of the concept of the Enabling Component is seen in the five basic themes that permeate the programmatic activity. These stress that enabling occurs through: (1) enhancing social supports ("A welcoming and supportive community"); (2) enhancing academic supports ("Everyone as a learner; everyone as a teacher!"); (3) an instructional curriculum that focuses on health and social-emotional development ("I'm learning to care for myself and to care about you!"); (4) physical and mental health interventions ("Preventing preventable problems and correcting the rest"); and (5) social services ("A caring society").

[7] The writings of Adelman (1993) and Adelman and Taylor (1993a, 1993b, 1993c, 1994) provide a basic discussion of integrated school/community mechanisms relevant to enabling activity.

[8] Teams are a prominent topic in the restructuring literature. Newmann (1993) emphasizes that a school's structure must provide ways to nurture the competence and commitment of team members or else teams will not be effective.

[9] The concept of an Organization Facilitator finds its roots in the extensive organizational literature describing change agents. As a specific form of change agent, the concept has emerged from the work of the Early Assistance for Students and Families Project, and is described in Adelman (1993) and Adelman & Taylor (1993c, 1993d, 1994).

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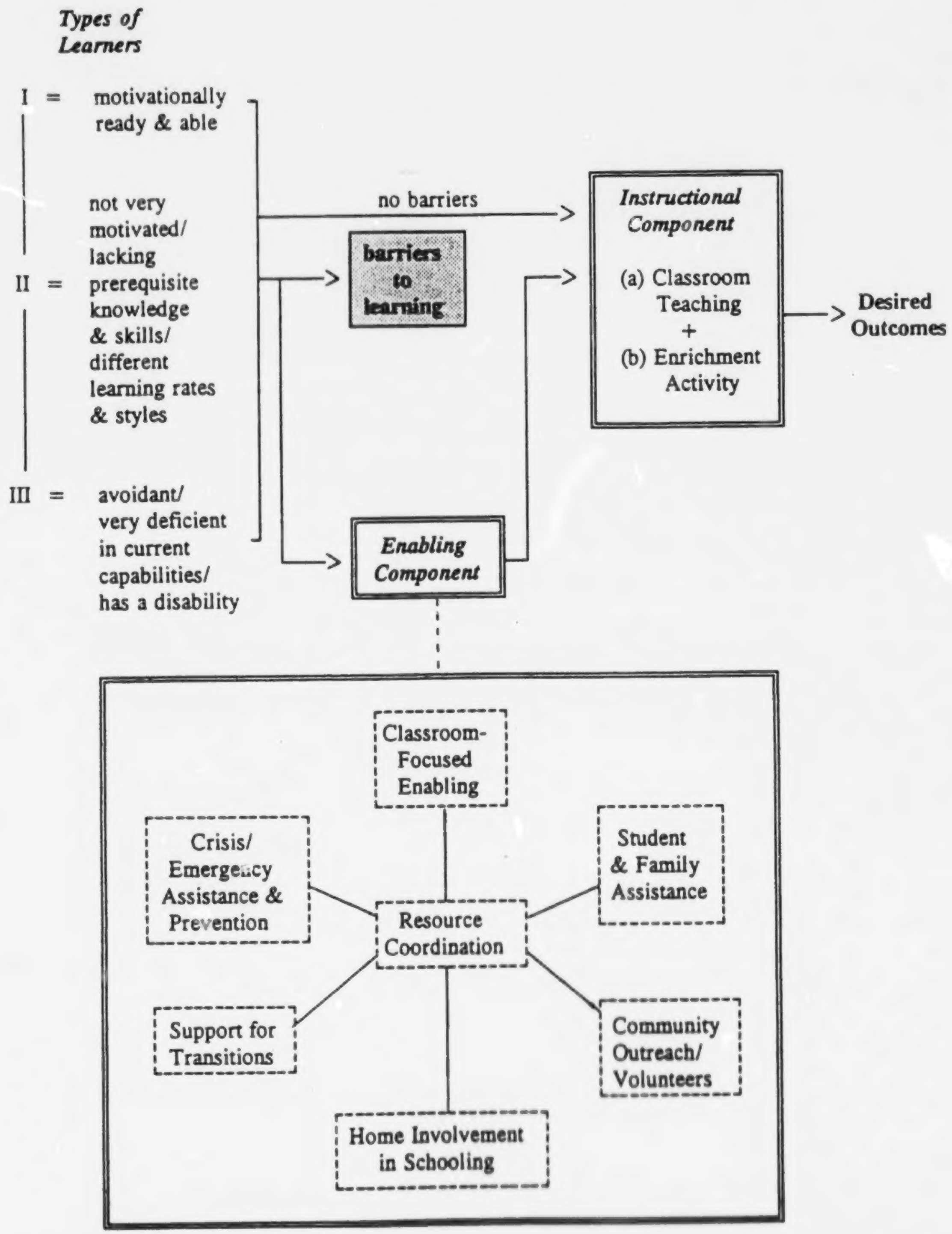
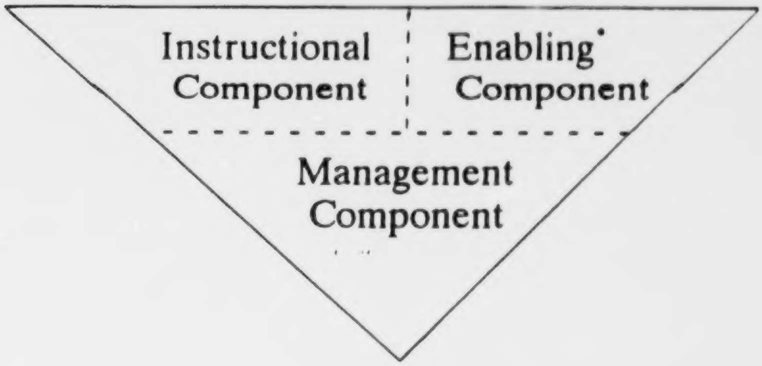
Figure 1. Addressing barriers to learning: The Enabling Component operationalized as six programmatic areas for school-based collaborative activity.


Types of Learners
I = motivationally ready & able
II = not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles
III = avoidant/ very deficient in current capabilities/ has a disability
no barriers
barriers to learning
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes
Enabling Component
Classroom-Focused Enabling
Crisis/ Emergency Assistance & Prevention
Student & Family Assistance
Resource Coordination
Support for Transitions
Community Outreach/ Volunteers
Home Involvement in Schooling

From H.S. Adelman (1994). **Restructuring education support services: Toward the concept of an Enabling Component. Submitted manuscript.**

Figure 2. Three Major Components to be Addressed in Restructuring Education



[*] Enabling means to provide with the means or opportunity; to make possible, practical, or easy; to give power, capacity, or sanction.

Given the many factors that can interfere with learning and performance, commitment to the success of all children requires an array of activity to ***enable learning***. In general, enabling activity encompasses efforts to prevent and correct learning, behavior, emotional, and health problems. Optimally, in doing so, it can enhance a school's efforts to foster academic, social, emotional, and physical functioning.

A comprehensive, integrated program of enabling activity is *essential* in addressing the needs of the many who encounter barriers that interfere with their benefitting satisfactorily from instruction. The concept of an Enabling Component is meant to encapsulate this proposition. It encompasses a fundamental shift in thinking about activity designed to enable schools to teach, students to learn, families to function constructively, and communities to serve and protect. The concept calls for moving (a) from fragmented, categorical, and discipline-oriented services toward a *comprehensive and cohesive programmatic* approach and (b) from activity that is viewed as supplementary ("added-on") toward a *full-fledged integrated component* of restructuring that is understood to be primary and essential in enabling learning. It meshes together school and community enabling activity; it addresses specific problems experienced by students and their families; it emphasizes promoting healthy development and facilitating positive functioning as the best way to prevent many problems and as a necessary adjunct to corrective interventions.

Conception of an Enabling Component paves the way for understanding that school restructuring agendas should be viewed as encompassing three primary and complementary components: *instruction*, *enabling*, and *management*. Given its fundamental nature, the Enabling Component warrants a degree of attention by policy makers, scholars, and practitioners that is at least on a par with efforts to restructure instruction and management.

Concurrent Sessions

Positive Resolution of Conflicts

Tom Gifford, Robert Couch, andEsta Finkelstein

Program Overview

The Conflict Resolution Program at J. D. Smith Middle School was developed by the Student Assistance Team (SAT). The original team of eight staff members received training in the establishment of a Student Assistance Team at the building level. The team then formulated the following mission statement:

> The mission of the J. D. Smith Middle School Student Assistance Team is to assist the student by:
>
> - educating the students to prevent crisis in their lives·
> - teaching students how to respond to crisis in a positive manner which facilitates their growth; and
> - providing a support system to intervene with students in crisis.

A survey of student needs was conducted with information being provided by approximately 76% of the students enrolled (750) in April 1993. The staff was surveyed using a parallel instrument and information was collected from parents using the information from some questions of the Effective School Survey. The data indicated that there was consistency in concerns from each of the response groups regarding conflicts with others and anger which created a problem for the students.

A program was developed by the SAT to respond to these identified concerns and it included:

- taught conflict resolution to all students using a curriculum which was developed by the SAT;
- implemented a Peer Mediation Program; established Safe Rooms where students could go for help;
- encouraged and supported gang and drug education and intervention programs (G.R.E.A.T. and D.A.R.E);
- conducted staff inservice programs; supported and expanded the existing Just Say No Club;
- supported and expanded the tutorial assistance available to students (includes peer tutoring);
- provided education for parents on the Conflict Resolution Program;
- implemented an 8th grade Buddy Program to assist incoming 6th grade students;
- worked closely with the establishment of academic benchmark expectations for students at each grade level; and
- established a process to work with core subject academic teams to identify and intervene when students demonstrate problems which inhibit their educational progress and personal growth.

Program Purpose

The purpose of the program is to teach students skills which will allow them to resolve conflicts and respond positively to crisis situations which may arise for them. They are also taught about resources which are available to them and how to access these resources.

Implementation Period

The initial planning and development was started in February, 1993 with the first elements of the program being introduced to the entire staff, the students and the parents in August, 1993. There have been additional program elements instituted since that time which have involved more staff in the planning and implementation.

Characteristics of Program Site

J.D. Smith Middle School is located in North Las Vegas, Nevada. We currently have a student population of 960 students. The ethnic distribution of the school is (approximately):

- 50.9% Hispanic;
- 19.8% African American;
- 3.8% Asian American;
- 24.6% White;
- .7% Native American.

Approximately 80.7% of the students qualify for the free/reduced lunch program.

J.D.Smith Middle School experiences approximately 37.2% turnover of students during the school year. The population is very transient and the school serves all middle school age students from the homeless shelters of Las Vegas which are primarily located in our service zone.

J. D. Smith Middle School building is the oldest of the middle school buildings in the Clark County School District (built as an elementary school in 1952). The staff and students experience facility problems which are consistent with the age of the building and equipment.

Target Population and Number of Students Served

The program targets the teaching of conflict resolution skills to all students enrolled (currently 960). Some elements of the program respond to specific students' needs which become evident dependent upon the situation with which the student is confronted.

Fifty-seven students were trained in the initial Peer Mediation Program, and 30 remain as participants in the program due to the advancement of 8th grade students to the high schools. Forty students were trained, and are participating in the 8th Grade Buddy program. Twenty-five students were selected, trained, and are serving as Student Ambassadors to work with new students enrolling during the school year. Twenty-five students who can speak both Spanish and English were selected and will be trained as tutors. They will provide assistance to Second Language students in regular classrooms.

Services Provided

The J.D. Smith Student Assistance Program offers the following services to students:

- Peer Mediation;
- Student assistance to students new to J. D. Smith.;
- Student assistance to 6th grade students;
- Staff assistance when student is experiencing crisis situation;
- Staff and student assistance for students experiencing academic difficulty;
- Development of Conflict Resolution skills by all students;
- Identification of students who are experiencing crisis situations;
- Intervention process for students in crisis;
- Referral process for student;
- Peer tutoring for Second Language students.

Type of Staff Available and Percentage FTE Devoted to Program

There are no specific allocations of building or district FTE to support the operation of this program. Staff who participate on the SAT receive Professional Development Credit which is applicable to their state relicensing process. The staff who participate do this in addition to their regularly assigned responsibilities within the school.

The primary staff available are the classroom instructional staff, (two) the counseling staff, and (three) the administrative staff. Other pupil personnel staff are assigned to the building on a one day a week schedule and serve as referral resources to the program.

Cost of Program and Funding Sources

Currently there are no specific external funding sources. Costs for materials are covered within the allocated building budget.

J.D. Smith Middle School received two grants during the 1993-1994 school year which provided for some of the program planning and development. The two grants totaled $5500. One grant was from the Drug Free and Safe School allocation ($2000), and the other was from the Educational Program Improvement Consortium allocation ($3500).

It is not possible to determine the total cost of the program since much staff time was given during the summer and before and after school. There were no funds available at that time to pay the staff.

Problems Encountered and Solutions

The limited funds available is an ongoing problem. The willingness of the J.D. Smith staff to make commitments to the continued development of the program is the most important solution to this problem. The building administration has also provided assistance to the degree possible, considering building budget limitations, to address program requirements.

Increasing parent involvement is a problem which we continue to address. The percentage of parents who do not speak English has a significant impact on parental participation. Currently we are working with the North Las Vegas Police, the Metro Police and the University of Nevada/Las Vegas Talent Search Program to implement parent programs. There are Hispanic representatives from each of these entities who will assist with the language and cultural barriers as well as assist in the development of the program.

Program Accomplishments/ Reported Outcomes

The most significant outcome is evident in the reports of disciplinary actions of the Dean of Students for the 1992-1993 school year in comparison to those actions for 1993-1994. There was a significant reduction in disciplinary actions related to aggressive behaviors and fighting at the end of the year (1993-1994) when we implemented our program. The chart and graph of this data follows on page 8.

Evaluation Data

The evaluative data is included in the charts and graphs on page 8.

Publications Describing/ Evaluating Program

There have been no published articles describing the program and the outcomes as of this time.

Additional Relevant Information

The J.D. Smith Student Assistance Program has helped create a positive school climate which has resulted in a demonstrated reduction in fighting and aggressive behaviors. Students have been provided with opportunities to actively participate in the solution to many problems and their input has been given serious consideration. Teachers who are new at J. D. Smith this year, the second year of the program, have noted the enthusiastic response of students to developing alternative positive choices when confronted with a situation with which they become angry or frustrated.

The Social Decision Making and Life Skills Development Program: A Framework for Promoting Students' Social Competence and Life Skills and Preventing Violence, Substance Abuse and Related Problem Behaviors

Maurice J. Elias

Summary of Curriculum and Description of Program Objectives

Social Decision Making represents a family of curricular approaches with a common set of objectives for students:

- to calm down and reorganize themselves when they are under stress such as negative peer pressure; to develop their understanding of social situations and the feelings and perspectives of people in them;
- to elaborate and clarify personally meaningful and prosocial goals;
- to consider possible alternative actions and their consequences;
- to plan detailed strategies for reaching their goals; and
- to understand and accept social decisions for which there are no alternatives, such as those related to rejection of drug use, illegal alcohol use, smoking, and the use of violence to resolve interpersonal disputes and conflicts.

Specifically, the focus of our work, which has been approved by the National Diffusion Network of the U.S. Department of Education, is Social Decision Making and Problem Solving Skills. We have embedded within this critical thinking skills framework a variety of applications, including interventions for high risk youth and those receiving special education services (including work with parents); and a variety of preventive interventions in the area of health promotion, conflict resolution, violence and substance abuse prevention.

Our work is directly related to two of the National Education Goals: Goal 3 (preparing students for responsible citizenship and achievement) and Goal 7 (relating to safe, disciplined and alcohol and drug-free schools). One of the cornerstones of our work at all grade levels is the use of media, and we have devoted particular time to critical thinking applications in the area of television/video, current events and the print media, and community service.

There are three curriculum components, or phases, and those carrying out Social Decision Making can emphasize activities from one or more phases:

Readiness. Targets self-control skills (e.g., listening, following directions, resisting provocations, avoiding provoking others) and self calming and group participation and social awareness skills (e.g., how to select friends, show caring).

Instructional. While there are many skills necessary for social decision making, our research and development team has synthesized what traditions in education, psychology, and philosophy agree can be identified as eight primary skill areas, or "steps":

1. Notice signs of feelings in oneself and others;
2. Identify issues or problems;
3. Determine and select goals;
4. Generate alternative solutions;
5. Envision possible consequences;
6. Select your best solution;
7. Plan your actions and make a final check for obstacles; and

8. Notice what happened and use the information for future decision making and problem solving.

Students learn and practice these steps in diverse developmentally appropriate andsalient contexts so that when they are under pressure and/or not under adult supervision, they will turn to their Readiness skills and use the social decision making strategy.

Application. Students apply their skills in everyday and academic situations, including community service, riding the school bus, critical viewing of the media, handling stereotypes and prejudice and developing cultural competency, classroom and school decorum. For example, in the area of current events, students at the elementary level are shown how to look at each issue as a problem to be solved, based on decisions to be made by the various people involved. They learn to identify the different points of view in common problems, such as events in the Middle East, and learn how to think of alternative solutions, consider consequences, and plan desirable course of action. At the middle school level, students apply the same basic approach at a more sophisticated level. They are taught to understand how newspaper articles are created and how to create their own "current events" articles on issues that are of importance to them, their school, and their community. Teachers have found that asking students to write stories about alcohol, drugs, health, conflict, and violence has led them to begin to be able to take new perspectives on these issues. Moreover, much is gained when adults are in the role of catalyzing and guiding children's problem solving, rather than serving as "expert" or information provider, in these sensitive but critical life skills areas.

Program Purpose

Children today face many more choices than ever before. Their families' stress and economic obligations leave children with more opportunity to exercise independence, while also providing them with greater frustration. Clearly, these conditions tax children's capacity for sound social judgment. Ultimately, success in the adult world is as dependent on life skills and social and interpersonal intelligence as it is on academic ability.

For students to enter the community of responsible adults prepared for a diversity of social roles, they must possess critical thinking and problem solving skills. Citizenship, parenthood, family life, and success in the workplace require numerous decisions. No one is better positioned than pupil services providers and other educators, in partnership with parents, to make sure that children's skills in these areas are built. Among the most promising knowledge and practice bases from which to derive the needed instructional technologies is that of community/preventive psychology and social problem solving.

Social decision making and problem solving defines self-control, group participation and social awareness, and social cognitive decision making skills as key components of interventions. Recent work has emphasized that an interaction of affective, cognitive, and behavioral aspects characterizes the underlying dimensions of skills and instructional process for skill building. The social decision making approach is based on proven methods and theory. As practiced in hundreds of schools in its New Jersey base and across the United States, social decision making and problem solving provides a technology with which educators and parents can create learning communities that nurture both the human spirit and the intellect. This is the ultimate purpose of the program.

Services Provided

As it became clearer that prevention of social casualties was becoming more and more important because of epidemics of substance abuse, AIDS, and violence, the focus of the project expanded to address these and related issues. Rutgers University provides centralized training, consultation services, and research and development through the Center for Applied Psychology. Psychological Enterprises Incorporated, in association with the Center, pioneers applications with computer and multimedia technologies (201-829-6806). Another partner, the University of Medicine and Dentistry of New Jersey-Community Mental Health Center at Piscataway, has established an innovative unit, the Social Problem Solving Unit, with a mission to aid school districts throughout the United States and internationally in developing social competence promotion programs.

Implementation Period

The program is implemented flexibly throughout the course of the entire school year. There are examples of infusion into academic areas such as social studies and language arts, there are social problem solving class periods and curricula for self-contained special education classrooms, it has been integrated into health education, guidance, school discipline systems, and community service projects, in before or after school group programs, with parents, and in a variety of ways appropriate to the specific needs of the school settings. It incorporates and is consistent with cooperative learning approaches, peer tutoring and peer problem solving, and conflict mediation.

Characteristics of Program Site

The program has been carried out in elementary, middle/junior high, and high schools, in alternative schools, and in public and private schools, including those for children with special education needs, in urban, suburban, and rural areas. It also has been directed at parent groups.

Target Population and Number of Students Served

As noted above, the program is being used in a wide variety of school contexts and does not have a specific target population, per se. As of this writing, the program is being implemented in approximately 30 school districts in New Jersey, 20 additional states, and school districts in Australia, India, and Israel. Community groups become involved through the community service application phase activities. Youth organizations such as Boys and Girls Clubs, 4-H, and Girl and Boy Scouts can be involved through a special video-based program called "Talking with TJ." Parents are involved through a parent version of the curriculum and in the book, Teach Your Child Decision Making, available in English and in editions in Portuguese (published in Brazil) and Chinese (published in Taiwan.)

Services Provided

Approval by the U.S. Department of Education's National Diffusion Network has allowed us to worked out a number of training approaches. There are single, two, and three day trainings, with multiple day trainings often separated by several weeks to allow for practice. Training can emphasize pupil services personnel's roles as direct implementers or as program development consultants. Extended follow-up consultation after training is a key program element. In some districts, training or consultation is provided to a district designated social decision making coordinator who oversees local training, program development, evaluation, and expansion. There is a program to allow individuals to become certified trainers of the program. Most importantly, the curriculum materials serve as complete guides for implementation, including all that would be necessary for conducting inservice or preservice trainings and ongoing program supervision and monitoring.

Type of Staff Available and Percentage FTE Devoted to Program

The social decision making approach is not an add-on. It is meant to be incorporated into the ongoing activities and responsibilities of pupil services personnel, teachers, and all others who work in the schools. As noted earlier, pupil services personnel can be involved as direct implementers at the individual, group, or classroom levels, co-facilitators of groups or classroom instruction, consultants to the latter, or consultants to incorporating social decision making into school discipline, health education, parent involvement, multicultural competence, and all school-based or school-linked prevention programs.

Cost of the Program and Funding Sources

Costs include curriculum materials, for which bulk rates can be obtained, and training, which can be estimated at $500 per full day, plus travel expenses and costs incurred. (Note that training is tailored wherever possible, so prior consultation is necessary.) If there is expertise in a school or district in the area of the social and life skills program implementation, observation of a program in action or consultation once one's efforts have begun might replace formal outside training; and the curriculum materials contain sufficient information to serve as staff development manuals. Funding for the program has been obtained through district school budget allocations, parent groups, relevant county, state, and local private foundation grants and corporate and business sponsorships, and Federal drug-free and safe schools and alcohol prevention monies.

Problems Encountered and Solutions

We have been able to solve key problems such as "not enough time" and scarce school resources by designing a framework that can link with and integrate, rather than add on to, existing social, affective, and academic goals, consonant with

Goals 2000 and its state-level and local variants. Discussions of solutions can be found in our curriculum materials. The need for parental involvement has been addressed by showing that the program's benefits are not dependent on such involvement, though [they are] certainly enhanced by it, and by developing materials to allow parental involvement at many levels of intensity (Clabby & Elias, 1986; Elias, 1993).

Looking to the future, the principle areas in which current work must be extended relates to sensitivity to multicultural factors and the unique needs of urban settings and special needs youth. We have begun to extend social decision making and life skills approaches into urban areas characterized by cultural and ethnically diverse populations and greater proportions of children with special needs and significant emotional and behavioral difficulties. Our strategy in these efforts has been to systematically modify our curriculum materials and approaches to be better tailored to the children, educators, and parents with whom the work is being carried out. For example, special education children have been responsive to instructional techniques incorporating music. Thus, they learned self-control, in part, by becoming involved in creating and performing the "Keep Calm Rap." Students with combinations of emotional and learning difficulties are particularly responsive to the multi-modal stimulation provided by video media, and so they are being taught social decision making, in part, through watching, critiquing, and improving educational and other videos, using an instructional technology we refer to as TVDRP (Elias & Tobias, 1996). From a developmental perspective, video-based group and classroom interventions are especially powerful at the elementary and high school levels. In the middle school, especially engaging curriculum-based problem solving/decision making heuristics are needed, such as FIG TESPN, a sort of Jiminy Cricket of problem solving.

Another aspect of our work with inner city and special needs populations is the realization that by the time some of them begin to receive social decision making in the middle school, their self-esteem is seriously impaired. Then, it is essential to focus on identifying children's strengths—regardless in what area—and to use this to build a positive sense of confidence. For many students, social decision making opens up arenas in which they do feel confident, and does so in instructional formats in which they feel protected. However, a curriculum-based program often must be supplemented by more intensive services provided to the child in small group or individual meetings by school psychologists, guidance counselors, social workers, learning specialists, occupational therapists, creative arts therapists, or trained regular or special educators. Involving parents to the extent possible also is advisable, as is bringing outside professionals into the school as needed.

Other areas in which exciting inroads are being made are the discipline, health education and health decision making, and conflict resolution systems in schools, particularly with resistant or difficult students. A new tool exists to help pupil services personnel in these and related areas: a problem solving driven, personal computer-based, user-friendly procedure called the Student Conflict Manager/Personal Problem Solving Guide. Indeed, the use of computer technologies to foster problem solving and decision making skills in disciplinary situations has been especially promising in lending greater constructiveness and civility to this process than has typically been the case. The program works by taking the eight step instructional strategy and presenting it to students. It takes students through a process of deciding, depending on the subroutine used, how to avoid getting into trouble of the kind that they just got into or of deciding on an action plan that will be used to tackle a health, peer, or academic problem that has been bothering them. The adult's role is to serve as a guide or aid, to help students follow up on the action plans they generate, and to be available to deal with any questions students might have. The benefits of a program that allows individualized attention and uses a process compatible with classroom curriculum procedures are obvious. In the Bartle School in Highland Park, NJ, social decision making has been infused into the entire health education curriculum and a "lab" [has been] set up where students can go at educators' suggestions or on their own initiative to use the computer program to work out individual problems, health decisions, and other choice or conflict situations.

Finally, it must be noted that there is a synergy between a skill building program and the extent to which it is embedded in an organizational and community environment that takes a comprehensive approach to reducing risk factors and enhancing protective factors related to substance abuse, violence, and social competence and life skills. Ultimately, school-wide models for change, such as "Success for All," "Project Achieve," and Comer's Urban School Power/Site-Based Management Model, must be accompanied by specific group interventions to build self-control, group participation, and social awareness skills in high risk youth.

Program Accomplishments/Reported Outcomes

In this section, recognition of the program will be described; in the following section, evaluation data will be summarized. It is important to note that significant positive feedback has been gathered concerning the approach by those who have had little or nothing to do with its development. In 1988, the social decision making and problem solving approach received the prestigious Lela Rowland Prevention Award from the National Mental Health Association and was designated by the New Jersey Department of Education as a model program in the elementary grades for the prevention of substance abuse. In 1989, national validation was received from the Program Effectiveness Panel of the U.S. Department of Education's National Diffusion Network (NDN); it now can be accessed through NDN's network of Public and Private School Facilitators throughout the U. S. and internationally. In 1992, social decision making was selected by the National Mental Health Association as a model program for its national prevention technical assistance project, funded by the Pew Charitable Trusts. In 1993, it was selected as a model for violence prevention and conflict resolution by the New Jersey Department of Education.

Evaluation Data

Funding has been received from the William T. Grant Foundation, the National Institute of Mental Health, and the Schumann Fund for New Jersey to carry out action research over a ten year period of time, allowing us to generate extensive formative and summative evaluation information. The major documented effects of the program are that, relative to children who were not participants in social decision making programs of the kind described earlier, children involved in the programs:

- were more sensitive to others' feelings;
- had a better understanding of the consequences of their behavior;
- showed an increased ability to "size up" interpersonal situations and plan appropriate actions;
- had higher self-esteem;
- were seen by their teachers as displaying more positive prosocial behavior;
- were sought out by their peers for help with problems;
- better handled the difficult transition to middle school;
- displayed lower than expected levels of antisocial, self-destructive, and socially disordered behavior, even when followed up into high school;
- improved in their learning-to-learn skills and in academic areas which had been "infused" with social decision making; and
- used what they learned in self-control, social awareness, and social decision making and problem solving lessons in situations occurring both inside and outside the classroom.

Data also show that children, teachers, and other educators enjoy the program and put its principles to regular and frequent use. Taken together, the evidence gathered to date indicate that the social decision making approach can be carried out by teachers in diverse settings.

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Families Together with Schools

Lynn McDonald

Program Overview

Families Together with Schools (FAST) is an early intervention program for elementary school children and their families which provides them with a structured, fun-filled, interactive, multi-family, group experience. It does not choose one problem or piece of the system for intervention; it targets the underlying causes in a preventive approach and involves all of the systems: the entire family, the school system, the not-for-profit community agencies and the social support networks. Although complex to initiate and maintain, it impacts on many problem areas and has long lasting results.

Classroom teachers reliably identify children manifesting multiple behavior problems in the classroom as being at risk for substance abuse, violence, delinquency, and school failure; they then refer the child to the school social worker or the pupil services team. The school social worker functions as part of the collaborative FAST team, which includes two professionals from community agencies (mental health and substance abuse specialists) and a paid parent/consumer. Members of the team make home visits to actively recruit hard-to-reach parents into voluntary participation in the multi-family, two phase program. Linkages to community agencies for ongoing services and quantitative outcome evaluation are strong program features.

Program Purpose

The overall goal is to build protective factors for the child considered to be at increased risk for conduct disorder, delinquency, violence, alcohol and drug abuse, and school failure, thereby working to prevent those outcomes. Specifically, the protective factors systematically built in the FAST program improve relationships between the child and his primary parent, with his family unit, with his peers, with the pupil services personnel, and with community agency professionals. At the same time that those positive bonds are being increased, the program increases the informal and formal social support networks of the child's parent(s) and empowers the parent to be the primary prevention agent of their own child. Program goals include to increase: (a) feelings of affiliation toward the school of the at risk child and his/her family; (b) parents' feelings of control over their home, child and life circumstances; (c) support networks of families of high risk students in relationship to the school; and (d) positive and responsive interactions within the family of the high-risk student.

Implementation Period

The multi-family program has two phases: eight weeks of weekly meetings followed by two years of monthly meetings. First, eight weekly meetings take place at the school during the evening hours, followed by the second phase in which monthly multi-family meetings led by parent graduates are held in the community/or school for two years. The intensity shifts after the initial strengthening of the social bonds in order to increase parental self sufficiency while maintaining gains in the child's behaviors, family cohesiveness, and social supports over time.

Characteristics of Original Program Site

FAST has operated in Madison Metropolitan School District (MMSD) since 1988. MMSD has 24,452 students, in 44 schools, 29 of which are elementary schools. Of the students, 21% are from low income homes, and 25% of the children are African American. MMSD has involved eight of its elementary schools in the program. MMSD administration and the school principals have been actively involved and supportive of the program, as have the school social workers, school counselors, and home and community liaison personnel.

Target Population and Number of Students Served

The teachers and the pupil services teams identify and refer the children to the collaborative, school-linked program. Because of this local control, each school chooses which children and families to invite (e.g), students with low third grade reading scores, Chapter I children, children who ride the same bus, whole classrooms, transition from Head Start to kindergarten. On a nation wide parents, those parents who have agreed to participate voluntarily have had children who score in the 85% percentile in problem behaviors in the classroom. The population was comprised of 65% male, 70%African American children, and had a mean age of 8. In addition, 95% of them were eligible for free or reduced lunch. These children have characteristically short attention spans, uneven classroom performance, high levels of activity, low self-esteem, show symptoms of conduct disorder, and are more than one year behind in school. They have been perceived by the school as being at increased risk for problems in adolescent years of delinquency, violence, drug and alcohol abuse, and school failure.

90% of them were raised in single families and 95% were low income. In addition, a history of substance abuse was frequently noted.

Since its inception in Madison, over 700 FAST children have graduated, and over 2000 children have participated (including siblings). This prevention program is not an all inclusive one, but rather uses the teacher identification process to involve whole families of children assessed to be able to benefit from extra support.

Nationally, FAST has shown itself to be a culturally competent approach in three ways: (a) efforts are made to achieve ethnic and gender matching of the collaborative team of facilitators with the target population; (b) because parents are the major deliverers of services to their own children, there is perfect cultural competency at the family table; and (c) children and families from diverse backgrounds have reported and manifested enthusiasm for this program, including rural farm European American, urban African American, Hispanic and Mexican immigrant (the materials have been translated into Spanish), Hmong-Cambodian, and American Indians.

Services Provided

Six strategies are used to build protective factors for the at risk child, thereby reducing risks for school related violence, delinquency, substance abuse and school failure. Each of these strategies is an application of tested approaches that have been published by various researchers in refereed mental health journals and funded by multi-year federal grants. Lynn McDonald, ACS, Ph.D., a faculty member at the School of Social Work at the University of Wisconsin-Madison, integrated and applied the results from the fields of psychiatry, play therapy, family therapy, stress and social support, self-help group dynamics, parent empowerment, and community organization. She combined them into a replicable, multi-component prevention program. Parents are regarded as partners in prevention, using this value based, social support model. Parents are supported as the leaders of a series of family based, interactive, fun-filled activities which systematically and positively increases social bonds of the at-risk child.

FAST is a multi-method program offering services at several levels:

1. Individual: The identified child receives 15 minutes a day of one to one quality time with his/her parent through this program. This is a form of play therapy which parents are taught and coached to implement during the weekly meetings, and are requested to continue at home on a daily basis. Research supports this non-directive, non-judgmental play time as a technique which was high impact on children that manifest problematic behavioral symptoms at home and in school.

2. Family: The family unit of the identified child is strengthened with hour-long weekly meetings of structured interactive exercises. The family activities include sharing a meal together, constructing a family flag, having positive communications, identifying and talking about feelings, having fun, taking turns, and making opportunities for individuation. The only requirement is that there be no criticism.

3. Marital: The husband-wife, or two single parents, spend 15 minutes at each weekly meeting listening to each other speak about whatever is of interest. The only request is that there be no advice given. This strengthens the

intimate support of the mother.

4. Parent Self Help Group: It is possible to have up to 12 parents participate in the 45-minute-long weekly meetings. The goal is for the parents to help each other help their child succeed in school and at home There is no didactic presentation and no specified curriculum. In eight weeks it is anticipated the group will become cohesive and serve as a source of ongoing informal support for parents who have often been socially isolated. Research identifies that social isolation when a family is under stress can seriously undermine the parental functioning, whereas social support from friends and family can enhance a parent's ongoing competence.

4.Parent Empowerment: The program systematically increases the power of each parent within the context of her immediate family, on the FAST team and in the community. Training of the facilitators includes role-plays on creating opportunities for parents to experience empowerment during the sessions. The collaborative group which facilitates the multi-family sessions includes a paid parent. This makes a statement about the structure of the program: parents are included as partners in the service delivery team. Teams treat parents with respect. The values underlying the program are that with support, every parent can become the primary prevention agent for his own child.

5.School-Community Affiliation: The program increases feelings of affiliation toward the school of the high-risk youth and the family. Because the multi-family group is led by a collaborative team of professionals and parents, the children and parents get to know a range of new people. The agenda is simply to get to know each other while having fun. People discover that they can make human connections with one another during the eight weeks. Over the following two years, schools report dramatic increase in parent involvement, and parents self-refer to family counseling and to substance abuse treatment. Interaction with service providers is provided on an as needed basis.

Type of Staff Available and Percentage FTE Devoted to Program

Each multi-family program is run by a collaborative team with a minimum of four members, one of whom must be a school employee. The school personnel is preferably a Pupil Services Personnel. However, this is a local decision made by the principal and the administration. In some settings it has been a teacher, a principal, or Chapter 1 reader.

The person who administers and facilitates three groups per year and monthly FASTWORKS, the monthly follow up sessions, involves a .5 FTE. This includes the supervision of the contracted collaborative team members from the two community agencies (mental health and substance abuse professionals), and a paid parent graduate.

Cost of Program and Funding Sources(s)

The cost of the initial eight week cycle of FAST was assessed as $11,200. The costs will vary widely with in-kind contributions of professionaltime, materials and equipment, and may be reduced at various sites. Schools can fund this program with Chapter 1-parent involvement, Goals 2000, (goal 1 enter school ready to learn, goal 5 and goal 7,) delinquency prevention, truancy prevention, School Drop Out Assistance, at-risk programs, family involvement, substance abuse prevention, child abuse and neglect prevention, minority achievement, as well as new initiatives out of the Department of Justice (Crime Bill) and Department of Health and Human Services (Family Preservation and Family Support Bill). Because of collaboration, funds can also be generated by community agencies through United Way, County Substance Abuse Prevention dollars, and corporate sponsors and private foundations.

Problems Encountered and Solutions

FAST requires schools to do things in different ways. It requires school personnel to work at night—not an easy task after being tied to a classroom or school operation all day. Schools need to rethink some financial reward or compensatory time for their faculty if they are going to keep FAST programs as part of ongoing services.

FAST requires school faculty to share power with community agencies and with parents—as equal members of the team. Schools have traditionally operated as experts or lead facilitators of school programs. For parents to function as an equal partner may be a real challenge.

The program may require a change in beliefs and attitudes about the students and their parents. Parents in this program are treated as experts about their own kids and they are integral to the running of the program. Their strengths,

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not their deficits, are emphasized. Rather than remedial and problem-focused, FAST is educational and optimistic. This can be a shift for school personnel. There is a need for an ongoing collaborative process involving the schools, community agencies, and families. This takes time, commitment, and good conflict resolution skills. The risk is that the difficulties of collaboration will outweigh the immediate benefits. Either the school will take over the program excluding the partners or it will allow school space to be used but will not actively support and engage in the program.

As with any structured program, one significant challenge is the integrity of the implementation in new communities. After several reports from communities which were unhappy with their initial attempts to administer the program without the support of supervision, coaching or training, we began training trainers to help new schools to implement FAST. Since 1993, FSA, a national non-profit organization which for 80 years has provided technical assistance and consultation to family serving agencies, has provided FAST manuals, Certified Trainers, and program evaluation for a fee of $4,900. This includes six and one-half days of training of the collaborative team over a four month period, during which time three site visits are made as the eight week program is being implemented. This intensive clinical training approach optimizes the likelihood of replication of the original program. Evaluative outcome data are used to determine the impact on children and families of the new program. FSA's national multi-site data for first time FSA trained implementation show statistically significant improvements of children's behaviors at home and at school, increased parent involvement at school, increased family cohesiveness, and reduced social isolation.

As schools, communities or both continue to implement the program over time, there are many instances of programmatic drift. For example, decisions are made to change the self-help parent group into a teaching parent education experience. There are many areas of the program in which local decisions are encouraged, such as whom to target, who else should be on the collaborative team, where and when to meet, what selected developmentally appropriate curriculum to offer to each of the sub-groups of children, what structure and format to use for the substance abuse presentation to families, and how to celebrate the graduation. FSA provides forms for self-assessment on the core curriculum which identify what can be changed and what needs to stay the same. Data collected and analyzed from these adapted implementations have shown less impact on the children and families. We do not yet have a solution for this problem.

Program Accomplishments/ Reported Outcomes

FAST became a Wisconsin Statewide Initiative in 1990, as part of the Anti-Drug Bill, AB122, and $1 million was distributed annually to elementary schools in districts through the Wisconsin Department of Public Instruction . The data on the statewide replication indicated 25% overall improvement in child functioning, as reported by parents, and 20% overall improvement, as reported by teachers. In 1994, Governor Thompson received a finalist award from Harvard University and the Ford Foundation recognizing FAST as a national innovative program. In addition, the Center for Substance Abuse Prevention honored FAST as an exemplary model program in 1990 and awarded the Family Service, Madison, a $1.4 million five year grant to further develop FAST with Head Start and Middle Schools.

In 1994, California's Governor Wilson included FAST as one of several components of a juvenile Crime Prevention Initiative. Almost $1 million annually was exclusively designated for the FAST program replication. In 1993, the Office of Juvenile Justice and Delinquency Prevention identified the FAST program as a nationally promising family approach to prevent violence in youth.

Various other national recognitions have included those by FSA, Family Resource Coalition, United Way, DeWitt Wallace Reader's Digest Foundation, C. S. Mott Foundation, Metropolitan Life, U.S. Department of Education, Carter Mental Health Conference, and Administration of Children and Families.

Repeatedly, the FAST's program is recognized for:

1. collaboration of parent or professional, public or private;
2. starting early (ages 4-9);
3. using a multi-family, whole family, family systems approach;
4. being research based and

5. paying careful attention to quantitative and qualitative evaluation.

Evaluation Data

The program evaluation design developed by McDonald and Billingham (1990) includes pre-and-post assessments of child functioning (using the Quay Peterson Revised Behavior Problem [PRBP] Checklist), family functioning (FACES III, linear analysis by Barnes, 1993), social isolation (Abidin), and parent involvement in schools (Epstein). The RBPC is a standardized questionnaire, with established validity and reliability, and is filled out by teachers and by parents. Multiple publications have reported results using this instrument and indicate that the changed scores are correlated with improvements in functioning related to violence and substance abuse, as well as school failure. The RBPC norms have been established with normal 6-12 year olds as well as youths in treatment or residential care. The scores of 516 FAST children improve 20% - 25% over the eight weeks and with two year follow-up, they continue to maintain those gains and show positive changes that are both statistically and clinically significant.

Of particular interest to Safe and Drug Free Schools, should be the evaluative outcomes of the program related to conduct disorder and self-esteem (anxiety-withdrawal). These are two of the six areas of child functioning assessed before and after the eight week program, as well as two years later.

One experimental study with random assignment to FAST versus control has been conducted. The outcomes indicated that even with a small sample size of under 10 families, the FAST families reported statistically significant improvements beyond those reported by parents of the control children (McDonald, Billingham, Sayger, in press).

Data collected on family cohesiveness, social isolation, and parent involvement in schools using standardized instruments also show statistically significant improvements of pre and post data with simple paired tests. Qualitative reports by teachers, parents and children are enthusiastic.

Publications Describing/ Evaluating Program

McDonald, L., Coe-Bradish, D., Billingham, S., Dibble, N., & Rice, C. 1991, Families and schools together: An innovative substance abuse prevention program. *Social Work in Education, 13* (2), 118-128.

McDonald, L. with Billingham, S., Coe-Bradish, D., Dibble, N., & Payton, S. (1992). *FAST Program Manuals, Program Workbook* (rev. ed.). Madison, WI: Family Service.

McDonald, L. (1993). *Families and schools together: FAST final grant report.* DHSS, ACF, OHD, #90-PD-165.

McDonald, L., Sayger, T., & Billingham, S. (in press). *Drugs and society.*

Madison Metropolitan School District in Wisconsin is the home of FAST with Family Service, originated by Dr. Lynn McDonald, 608-251-7611, ext. 1155.

Programs operating in 90 additional Wisconsin School districts and over 200 school districts in 20 states (including California, Texas, Louisiana, Florida, Georgia, South Carolina, Delaware, New Jersey, Pennsylvania, Ohio, Indiana, Illinois, Iowa, Kansas, Nebraska, Wisconsin, Minnesota, and Tennessee).

National Training and Dissemination is being done through Family Service America (FSA), a non-profit organization, 11700 West Lake Park Drive, Milwaukee, Wisconsin, 800-221-3726. Contact Dan Magnuson, Director, Families Together with Schools.

Coping with Violence: A Systemic Model for Changing the Values, Attitudes, and Behaviors in a School System

Joel H. Straussner, Margaret Harrington, Renee Weisbaum, Angela O'Brien, and Cathy Salley

Program Overview

In America today, there has been a dramatic increase in the intensity and frequency with which individuals resort to violence in resolving interpersonal conflicts. In the Borough of Queens, there are approximately 70,000 students attending 27 academic and vocational high schools. As Queens has become a major port of entry for individuals arriving in the United States, our student population represents a wide variety of ethnic, racial and religious groups. These students also reflect all economic groups and the issues that such diversity entails.

Students in Queens are subject to the typical range of problems affecting any large urban, school system. These include coping with substance abuse issues and perpetrating violent acts as well as being victims of such actions. Our students are also experiencing the traditional problems high school students experience, including mastering an increasingly complex curriculum, as well as making career choices. Presently, there is a need to develop and implement a school philosophy fundamentally altering the values, behaviors and attitudes of the entire school community. This is possible only by developing an educational philosophy that is a pervasive aspect of all school issues and their resolution. By developing and implementing a core concept, a consistency of focus develops that enables violence prevention, as well as all other school initiatives, to function in an interactive and supportive manner. In our program, we have developed four key concepts that guide program development. These are:

1) Communication—All individuals in the school community need the opportunity to communicate their ideas as well as develop skills that will enable them to participate fully in the life of their schools.

2) Collaboration—All individuals need to feel that their participation is encouraged and welcomed as part of the functioning of the school and by its administrations. This is true for solving routine as well as special problems that schools experience.

3) Consensus—The decision making process is not top-down by decree. Rather decisions reflect input from the top down as well as the bottom up. Program initiation reflects interdisciplinary, collaborative efforts benefiting the needs of the entire school community.

4) Creativity—Staff are encouraged and supported in developing new and novel solutions for difficult problems. In particular, staff at all levels are encouraged to seek collaborative, interdisciplinary solutions that impact on classroom practices for the benefit of students.

Program Purpose

To enable students to feel safe within their own schools, a preventive philosophy must be devised implementing a variety of interventions that alter how conflicts are resolved in the school and its community. This is possible if the development of violence prevention programs is understood as being on a continuum consisting of interventions which indirectly and directly affect the values, attitudes, and behaviors of all the residents of a school that enables violence to occur. By following the continuum of prevention to change the behavioral and institutional components fostering violent behavior, the school is establishing a blueprint for making fundamental changes in its operations, goals and purposes. In following this continuum, layers of preventive programs are initiated that overlap and reinforce each other while providing a separate focus of intervention. Additionally, this approach enables both "traditional" pupil services staff such as guidance counselors, psychologists, social workers, etc., as well as other important school-based personnel to play a significant role in this process. For instance, in this model the school safety officer (school security guard) is incorporated in the preventive process since frequently they are well known by many students within their buildings. In working like this, changes affect not only the school and its population but also the community which it serves.

Implementation Period

Violence prevention programming has been ongoing for the last three years. Initially, the focus was on mobilizing students against violence and has become more generalized into a variety of programs changing the school's climate.

Characteristics of the Program and Services Provided

Programming along the continuum consists of using such indirect measures as values education and clarification, classes, the development of negotiation classes for all students, as well as participation in school and borough-wide anti-violence projects. It also entails the development of leadership skills in students. Another program is the development of classroom-based, pro-social skills development groups (jointly led by professionals and classroom teachers) for adolescents to reduce violent methods to resolve conflicts.

Further along the prevention continuum is the use of peer mediation for resolving student conflicts. In this program, students are trained to be peer mediators. These students conduct mediation sessions that help reduce the possibility of student violence. These students are supported by teachers who are also mediators. Another related program on the continuum trains students to identify and refer their peers who are experiencing difficulty. This type of student-based, Early Intervention Programs (E. I. P.) puts the prevention network closest to those that need it for referral to those who see problems first. In the same area of the continuum is the use by teachers; parents, students and administrators of group problem solving sessions to further student success and lessen student frustration. This intervention consists of a case conference or team collaboration approach in which staff model for students and each other, effective techniques for resolving problems and conflicts.

Finally, the most direct use of the continuum happens during a school-wide crisis. When a crisis occurs, the continuum allows for a more effective response to minimize the damaging effects that such an event can have. These trained crisis teams minimize the impact of a violent incident on a school. Teams consist of traditional "players" such as guidance staff, social workers and psychologists. They also include peer mediation specialists, deans, one coach, several classroom teachers and school security staff. There is also a parent liaison on this team. In the future, there will be a student member. When called to respond to a crisis, teams provide two types of services to a school. They provide immediate counseling intervention for students in pain as well as provide support to the building administration during a crisis.

Additionally, there are two types of crisis response teams. Every school has a mini-team of several trained staff to intervene in a crisis situation at its onset. Should their intervention be insufficient, there is a borough-wide, crisis response team that the schools can utilize if that is necessary. Our focus with this approach is to provide immediate help with a crisis by staff most familiar with that school with a minimum amount of staff involvement from outside the building. This approach also involves networking with other community mental health resources that would be involved in a crisis situation.

The community also benefits from the continuum in both direct and indirect ways. By promoting non-violent resolutions while developing improved student interpersonal resources, the community will have residents and future parents who are better able to cope with conflict. This approach also impacts on student vulnerability to substance abuse problems and situations. More than simply saying no, students would develop the interpersonal strengths enabling them to say no and mean it in school and on the streets. Parents also benefit from related programs that would teach them conflict resolution skills. In this model, the school could also serve as a facility that they could use to resolve conflicts peacefully. With this approach, the community benefits since it views the school as a resource for all of its residents. Changing the school then becomes a model for changing the way in which things are done in the community.

Target Population and Number of Students Served

In following the continuum of prevention, it is important to realize that its programs are for all students. Access to the programs used must be for both special and general education students. Additionally, the continuum cannot and should not eliminate ongoing programs to reduce racial and cultural bias. Schools will always need specific programs promoting understanding of cultural differences. However, the use of single focused prevention programs is not sufficient to alter the climate in which violence can occur. Only when a school makes a deliberate and overt attempt to change the ways in which things are done will there be a perception by its residents that a change has occurred. At that time, it no longer is "business as usual." In preventing violence in all its social, behavioral, and institutional forms, a school will significantly alter the implicit values, behaviors, and attitudes of all those who live and work there. Only then, will it change itself and then become a focus for change in the community.

Type of Staff Available

This prevention program represents a multi-disciplinary and systemic approach to the issues school and community violence present. Additionally, our program has only two teachers assigned full time in charge of the peer negotiation/mediation program at each of our 27 schools.

Moreover, our program has been implemented by educating staff to realize that many of their roles in relation to students have fundamentally changed.

Cost of Program

Our program has been supported by utilizing existing public funds for violence prevention. In addition, our program has also qualified for several small grants that have supplemented our available funds.

Problems Encountered and Solutions

Initially, our biggest problem was sensitizing principals to changes in student needs. Prior to the initiation of this program, high school principals saw their job primarily as providing academic information. In our program, principals were sensitized to the change in student needs by having them meet as a group and view a tape made in one of their schools indicating what students experience today.

When they first saw this, many principals were truly shocked to learn about the degree of violence that their students are enduring in order to survive.

Additionally, turn over in staff has caused us to realize that is always "back to basic," where new staff have to be educated about our program.

Program Accomplishments

Our program has had two very important results. Firstly, it has made the entire school the focus of preventing violence and not the responsibility of any one group. Secondly, it has integrated both regular and special education staff to work collaboratively in this area.

Evaluation Data

Our program has begun to conduct evaluations of the effectiveness of this approach. Although in its infancy, it is apparent that our peer mediation program is growing in its effectiveness. Current information suggests that students seeking mediation interventions are being referred by school deans. This has a preventive aspect since participating in peer mediations will hopefully lessen students being involved in conflicts in the future. Additionally, our program is continuing to evaluate and expand its violence prevention initiatives. These include training of all guidance staff whether in general or special education, to provide help in identifying interpersonal problems as well as providing all students with consistent guidance information that they need while in school.

Another focus in the development process is in the classroom delivery of related services to integrate both instructional and mandated goals for students. This will allow for a wider implementation of services as well as providing all related service providers and classroom teachers to play a role in responding to the social and emotional needs that students present in their classes.

In summary, the violence prevention programs discussed in this paper are helping to make the Queens High Schools a safer and a better place. This is our role and our mission. We are refocusing what schools must be concerned about and change. Paradoxically, in discussing violence, planning to minimize its effect and in providing alternatives to violence, we are developing a school climate where violence will not be an accepted method of solving difficulties.

An Integrated Community Approach to Truancy

Charles E. Kennedy, and Sandra F. Wrobel

An Integrated Approach to Truancy: Abstract

This program features an integration of the efforts of schools, social service agencies, community agencies, and the juvenile court system to address truancy. An effective program requires broad interventions. In an effort to provide improved and timely services for truant youths and their families, we have implemented a more focused team approach for intervention. As a result, we are reducing days lost by truancy and providing services necessary to support long range remediation of truancy and related risk factors.

An Integrated Community Approach to Truancy

Stonewall Jackson Middle School is an inner-city public school with approximately 450 sixth, seventh, and eighth grade students ranging in ages from 11 to 16 years old. In a student population that is predominately white:

- 64% of students receive free lunch;
- 25% of students are enrolled in special education classes;
- 75% of students are reading below grade level; and
- in a class of 150 students, 91 have changed schools at least once and some have transferred schools as many as 12 times.

The overall goal of this model program is to address truancy as a community problem requiring the collaboration and coordinated intervention between community-based professionals and school-based pupil services professionals. Truancy is usually only one factor present in extremely at-risk youth. Many social as well as educational factors, normally beyond the purview of the school, have a high correlation with truancy. Effective intervention in truancy requires the coordination and integration of services by educational and community-based professionals.

Truancy is an indicator of other factors or stressors that impact youth and their families, such as dysfunctional family patterns, poor parenting skills, abuse and neglect, substance abuse, unaddressed learning problems, poverty, lack of social bonding, multigenerational history of truancy and underachieving, single parenting issues, violence, and teen pregnancy. In an attempt to provide improved services for these youth and families, we have implemented a more focused team approach for intervention. As a result, we are reducing days lost by truancy and providing services necessary to support long range remediation of truancy and related risk factors.

The intervention model developed by this project, through the coordination of community-based professionals and school-based pupil services professionals is able to provide:

1. assessment;
2. referral to benefit programs and other community resources;
3. service planning;
4. case work and group work;
5. intensive intervention services;
6. provision of emergency needs ;
7. home based services (homemaker) including home management;
8. court liaison activities;
9. referral to health screening and treatment;
10. transportation.

Community-based professionals involved in this model program include the Juvenile Court, Juvenile Court Services, four Juvenile Court judges, Department of Social Services, Child

Protective Services, Blue Ridge Community Mental Health Services, and the Family Assessment Planning Team. The judges of the Juvenile and Domestic Relations District Court see that truancy cases are given appropriate court time, are available to come to the school to speak with students, parents, and teachers, and are attempting to assist in securing ongoing funding so that this program can be broadened to serve more schools and families. School-based professionals include the school principal, assistant principal, guidance coordinator, visiting teacher, school psychologist, school nurse, and student resource officer.

The Department of Social Services Prevention Services Unit provides casework services with Masters of Social Work intern students from Virginia Commonwealth University. The school-based pupil services personnel take responsibility for addressing the youth's learning needs, including referrals to special education services and alternative educational programs as well as encouraging involvement and providing opportunities for parents to be actively involved in their child's learning. The school guidance coordinator and Department of Social Work Supervisor provide support and supervision for the Masters of Social Work interns.

The school has incorporated into the daily classroom schedule a dialogue between the teacher and students during Teacher/Advisory Group for nurturing self-esteem. During this time, each student's name is verbally recognized and he or she is given the opportunity to participate in a self-esteem activity encouraging positive thoughts about oneself as well as positive behavior and attitude toward the school. This daily involvement and encouragement is essential for improving low self-esteem. Our self-esteem program gives support to students in such areas as liking yourself, handling relationships, enhancing communication skills, and making appropriate decisions.

School personnel offer positive support systems in which we encourage students to believe they are capable and feel they can contribute in meaningful ways to the school and community. Through the implementation of Linda Albert's Cooperative Discipline (1989) the building of cooperative relationships is fostered among students, teachers, school administrators, and parents.

A Conflict Resolution Program provides activities that teach effective communication skills as well as the conflict resolution skills of negotiation and mediation. A Student Cooperative Association provides the opportunities for adolescents to develop not only leadership skills but the chance to feel capable and believe that they can contribute to the school. Student Support Groups provide support counseling through groups designed to meet the needs of at-risk adolescents while assisting such students with recognizing academic choices and establishing life-long goals.

Individual and group counseling focuses on reality therapy in an endeavor to assist the student in becoming aware of the impact of his or her behavior, understanding the consequences of his or her acts, and with becoming more responsible to self, others, and society. Using William Glasser's Reality Theory, students are asked to evaluate if their current behavior has a reasonable chance of getting them what they want now and will it take them in the direction they want to go. Emphasis is placed on changing current behavior.

Through collaborative efforts with school personnel, the juvenile court, social services and other community agencies, improved services are being provided for truant youths and their families. In the end, increased attendance, motivation, and achievement are being obtained. Students are encouraged to feel good about themselves and believe in their ability to learn and lead successful, productive lives.

At Stonewall Jackson Middle School, an orderly environment has been created where learning is taking place. By maintaining their confidence and consistency, students are growing in self-esteem and being helped to choose lasting appropriate behavior.

This model program provides a systematic approach to truancy. It has been perceived very positively by the school, community, and the students and families that it has assisted. As with any intervention, the effectiveness with the cases we have experienced has been one third fully effective, one-third, partially effective and one-third minimally effective. This program has the potential to define a model for school and community intervention in truancy which could be replicated at the local, state, and national levels.

Impact of Service Interventions on Truancy: Case Number 416105

Through the cooperative efforts of the school, social services and the juvenile court, the following services were accessed and implemented to assist the family in this particular case. Such action is representative of an integrated approach to dealing with truancy.

Before joint intervention, the student's attendance rate was 6%.1 After intervention, the attendance rate was 97%, with the student performing at a satisfactory academic level. This improvement was due to the intervention accomplished by the integrated efforts of the Court, the school, social services, and other community service agencies.

Immediate Services Rendered as a Result of the Initial Court Hearing

- Student found to be in need of supervision by the Department of Social Services;
- Student removed from the home by the Court and placed at a group home for adolescents;
- Student court ordered to attend school daily;
- Immediate placement of student in an inviting school environment;
- Psychological evaluation of student completed by Court Psychologist;
- Student and mother began family counseling provided through the Court Service Unit;
- Immediate emergency housing secured for the mother and older sibling at the Battered Women's Shelter;
- Stepfather ordered by the Court to have no contact with the student and to not return to the home address.

Long Term Services

- Ongoing supervision of the family by the Department of Social Services;
- Implementation of classroom encouragement strategies to support the student's instructional program;
- Ongoing self-esteem counseling through school guidance services;
- Ongoing school administrative support to coordinate access to services;
- Obtained public housing for the mother and children;
- Student referred to school's Child Study Committee for testing for possible learning disability as revealed in Court psychological profile;
- Intensive in-home services secured including a mentor from Family Preservation;
- Student participation in family counseling as well as individual counseling focusing on issues of anger control, racial identity and substance abuse;
- Substance abuse assessment of the stepfather completed through substance abuse services;
- Participation by stepfather in counseling focusing on issues of anger control and substance abuse.

Project Success

Kathy Durbin, Lessie C. Williams, and Jeffrey P. Braden

Program Overview

Project Success is a school site-based implementation of Lancaster County School District's (SC) Safe and Drug Free Schools initiative. The program targets children and youth in grades six through eight who have a history of violence, or drug-related discipline problems (at least four major disciplinary violations in the school year) or both. The problems must be both severe and chronic; Project Success children face expulsion from school if they commit another major rule violation. Thus, Project Success enhances safe, disciplined, and drug free schools by changing those children who are most at risk for school failure due to violence and drug-related discipline problems.

Project Success provides an in-school setting for students, and creates and maintains a consistent, supportive, and disciplined environment for children through a team of pupil services personnel, parents, and members of related agencies. Project Success assumes that collaboration will reduce the chaos and unpredictability caused by competing social systems, which should reduce student violence and drug-related problems.

A single classroom houses all Project Success students. Students report directly to a fulltime teacher before the start of school every morning. Children are kept in the classroom (and away from other children) throughout the school day. Lunch breaks, trips from the classroom, and other out-of-class visits are held to a minimum, and planned to occur at times when other children [are] in class. However, as Project Success students gain skills, they are mainstreamed into regular classes on a limited basis.

Program Purpose

Project Success assumes that violence and drug-related problems in schools are a response to, and sustained by three things: (a) academic deficits, (b) insufficient social problem-solving/conflict resolution skills, or (c) inconsistent, chaotic environments that fail to support prosocial behaviors (and consistently discipline antisocial behaviors). However, the proximal cause of student difficulties is students' noncompliance with school behavior norms. Consequently, Project Success provides an intensive, highly structured alternative in-school experience to teach academics and study skills, conflict management and social skills, and drug awareness. Nonacademic behaviors essential to success are targeted in the behavior contract (and management program) that serves as the foundation for the Project Success experience. The contract also integrates community services and family participation into the program. Project Success staff coordinate relevant systems in the child's life (i.e., school, family, community agencies/judicial systems) to promote a consistent, coherent milieu for the child. Project Success addresses the following outcomes: (a) increased behavioral compliance with school/teacher expectations, (b) improved nonacademic performance (e.g., increased attendance, reduced out of school suspensions), and (c) enhanced personal performance (e.g., self-esteem, relationships with others).

Implementation Period

Project Success was implemented in January 1994, in Barr Street Middle School. It continues to serve children as of this writing (November 1994), and is expected to become a permanent fixture in the Barr Street Middle School.

Characteristics of Program Site

The Lancaster County School District is located on the northern border of South Carolina, about 25 miles south of Charlotte, NC. The district enrolls 10,807 students, 5,386 of whom are in elementary school, 2,346 of whom are in middle school, and 2,985 of whom attend high school. Students represent rural, suburban, and urban homes, although a greater than average proportion are from rural settings. Barr Street Middle School enrolls 782 students. The school is located in Lancaster, SC, and serves predominately urban, African American youth. The school was selected because it consistently has the highest number of referrals to the Department of Juvenile Justice (DJJ) of any middle school in the district. The proportion of Barr Street students who become clients of the DJJ (9%) is 50% greater than the state average (6%) for 6th-8th- grade students.

Target Population and Number of Students Served

Project Success targeted those children most at risk of school failure due to violent or drug-related disciplinary infractions. Lancaster County School District policy specifies that students who commit [five] Level II (i.e., violent or drug-related or both) offenses in one school year must be expelled for the remainder of the year, and repeat the grade the following year. Consequently, students who have committed four infractions are at risk of expulsion and subsequent failure. Also, they are most likely to affect the safety and well-being of other students in the school through their behavior. Consequently, those students who committed [four] Level II disciplinary infractions within the Fall, 1993 semester, and who were judged by staff as most likely to have an additional infraction, were included in Project Success.

Of the 23 students eligible for the program, 13 were admitted. During the 1994 spring semester (i.e., late January through June), one student "failed" the program (i.e., committed another major disciplinary infraction and was expelled from school), and one withdrew when the family moved to another school district. Consequently, 11 students participated in Project Success during the Spring 1994 semester. These students returned to regular classes the following semester (i.e., Fall 1994).

In Fall 1994, 18 new students entered the program. These students will be evaluated at mid-semester (i.e., 12 week intervals). Those judged by staff to be ready to leave will return to the regular class program, and new students will be admitted. Those not ready to leave will stay the full semester, after which they will return to regular classes.

Services Provided

Project Success provides two types of services: (a) Coordination of services across multiple agencies; and (b) Psycho-educational interventions to enhance student and parent knowledge, skills, and abilities. These services are provided in a culturally-sensitive and appropriate manner (i.e., culturally competent services).

Service coordination. Team members meet regularly to review student progress and to plan and adjust the program for individual students. The team is dedicated to agency-school collaboration, which provides consistent, coherent responses to student misconduct. Project Success assumes that collaboration will reduce the chaos and unpredictability caused by competing social systems, which should reduce student violence and drug-related problems. Consequently, the project capitalizes on relationships between school staff and community agents. For example, the primary instructor is married to a police officer, and used to teach in a juvenile detention center. Consequently, she is able to use her relationships with DJJ and the Sheriff's Department to rapidly address and resolve problems such as attendance (e.g., she may go to the child's home with a police officer and inquire about the cause of a child's absence). She also receives information about Project Success students more rapidly and efficiently than normal bureaucratic channels often allow. Although this feature of the program would be difficult to replicate in other settings or with other personnel, Project Success deliberately exploits community assets and bonds to coordinate rapid and efficient system responses to student misconduct.

Psychoeducational intervention. The instructional core of Project Success uses pre-existing and innovative curricula. Specifically, the Project Success teacher uses: (a) the standard curriculum (i.e., students are taught what their peers are learning so they can return to the regular classroom); (b) Conflict Resolution: A secondary Curriculum; (c) Life Guides Program; (d)

Bridging the Test Gap and Making the Grade; and (e) Skillstreaming the Adolescent. Most of these curricula are available commercially, and were recommended by district pupil services professionals. The community mental health liaison teaches the Systematic Training for Effective Parenting (STEP) to parents to promote consistent parent-child interactions in the home.

Cultural competency. Project Success maintains sensitivity to culturally diverse students in three ways. First, parental involvement insures that the child's native culture is represented in the decision-making process. Second, team members comprise a variety of cultural and lifestyle perspectives, including African American, European descent, females and males, and educated (professional) and lay perspectives. Third, individuals with expertise in multicultural issues reviewed program curricula and behavior contracts. Although materials are free from overt cultural biases, team members identify and resolve specific conflicts between families' cultural norms and school or agency expectations. Conflicts between families and schools/agencies (e.g., whether a child is ever justified in carrying a weapon to school) are acknowledged and addressed to insure consistent expectations across the student's various cultural and physical settings.

Type of Staff and Program FTE

Team members (and their roles) include: Director of Student Services (<5% FTE); school counselor (5-10% FTE; team leaders, administrative support); social worker (5-10% FTE; family contact and social skills trainer); school psychologist (<5% FTE; data collection and program evaluation); juvenile justice representative (5-10% FTE; probation and DJJ liaison); community mental health therapist (10% FTE; parent education); teacher (100% FTE; academic skills, experiential study habits, behavior management system); community counseling representative (<5% FTE; drug awareness and affective education); and parent (unknown FTE; home follow through).

Cost of Program and Funding Sources

Project Success has operated on a per-semester cost of $30,550 since its inception. The direct costs were limited to the teacher's salary, field experiences for students, and supplies and equipment. The indirect costs include teacher benefits, and the cost of all other personnel. Direct costs have been largely offset by an external grant (from the Springs Foundation) for $30,000 per year. Indirect costs have been absorbed by participating agencies. It is expected that external funding will continue, but it is possible that the district might elect to absorb the costs of the program through staff reallocation if external funds are unavailable.

Problems Encountered and Solutions

Project Success has encountered, and attempted to resolve, the following problems:

1. *Long-term student support.* As the program is currently designed, students simply leave the program at the end of 12 or 24 weeks. We recognize that this is less than ideal; students need continued support to gradually transition out of an intense treatment setting. Therefore, we are exploring two possible solutions. The first is to recruit college student mentors from the local University of South Carolina campus. It is assumed that mentors would work on a volunteer basis, and would provide ongoing guidance toProject Success "graduates." The second solution is to maintain and expand parent support. Currently, parent education is provided only while students are enrolled in Project Success. We are negotiating with community mental health to continue services to parents after children leave the program.

2. *Program evaluation.* Because there is a strong desire to serve those children whom staff judge as "most in need," we have not randomly assigned eligible students to treatment and control conditions. This complicates Project evaluation. Because we selected the "most at-risk" cohort into the program, the failure to find differences between Project students and non-treated peers could mask an effective treatment effect. In other words, because those judged "most in need" are no different from those judged "less in need," the program might be helping. Or is the program simply ineffective? We have tried to address this issue (see below), but we have not resolved it.

Evaluation Data

Outcome data are available only for the Spring, 1994 cohort of Project Success students. The treatment group (n = 11) included the most severe cases; the 10 students not admitted to the Project were the control group. The treatment group averaged lower grades, less attendance, and more frequent and severe rule violations for the semester preceding program than the control group. Therefore, the program used a nonequivalent groups quasi-experimental design to evaluate outcomes.

The program measured outcomes in three ways: (a) unobtrusive data describing school adjustment (i.e., absences, grades, and days of in-school suspension); (b) surveys of students, parents, and teachers regarding their perceptions of student change on seven objectives reflecting academic performance, social adjustment; and intra-personal growth in students, and (c) cost-benefit analyses of adjudication costs for treatment and control groups during the Spring, 1994 semester. Comparisons between the treatment and control students favored treatment students on all unobtrusive variables (i.e., treatment students had fewer absences, higher grades, and fewer days of in-school suspensions). Cost-benefit data supplied by the DJJ were inconclusive, due to the low frequency of DJJ contacts across the Spring semester. None of the comparisons reached statistical significance, and so they cannot be interpreted as showing a reliable effect for the Project treatment.

Survey results supported program outcomes, although the results were not uniform across classes of respondents. Teachers ranked Project Success students as superior to control students on all 7 objectives (all $2(2) > 9.20$, $p < .01$). All student and parent ratings showed a higher proportion of Project Success students received positive rankings than control group students, suggesting support. However, many statistical contrasts were nonsignificant, in part because fewer parents and students responded to the survey.

The results suggest that Project Success was successful in achieving its immediate objectives (i.e., increased compliance with school expectations, as shown by consistently positive teacher rankings for treated children). Other data suggest that Project Success is also making progress toward meeting its longer term goals (i.e., improved nonacademic performance, enhanced personal competence, and cost-benefit ratio), but there [is] insufficient data to draw firm conclusions. Ongoing, longitudinal evaluation of the Project, and Project graduates, is needed to detect the durability and magnitude of program effects.

Publications Describing Evaluation Program

None at this time. We expect to produce them as longitudinal data are available.

Additional Relevant Information

Consultation and site visits are welcome. Please contact Kathy Durbin for site visitation and information about program implementation. Please contact Jeff Braden for information about program evaluation.

Policy and Practice in School Discipline: Past, Present and Future

Irwin A. Hyman, Erica Weiler, Avivah Dahbany, Andrew Shanock, and Gretchen Britton

During the past 37 years I have become increasingly convinced of the folly of many of our policies toward misbehavior and delinquency (Hyman, 1990a, in press). Therefore, I would be disingenuous not to share with you my feelings about ever popular, quick-fix, punishment oriented, solution driven approaches to school discipline.

Too many politicians, policy makers and citizens simplify causes and solutions regarding misbehavior. They tend to ignore prevention and the overwhelming research disproving the efficacy of punishment. Yet, based on political, religious and personal grounds, there are ongoing public and scientific debates about the utility of aversive procedures to change human behavior (Altemeyer, 1988; Axelrod & Apsche, 1983; Barnhart, 1972; Greven, 1980, 1991; Hyman, 1990, in press; Larzelere, 1986; Roberts, 1988; Skinner, 1979; Straus & Gimple, 1992). These debates frame the extent to which we support punitive practices such as corporal punishment, school suspensions and expulsions, metal detectors, strip searches, draconian sentencing for minors, treatment of substance abuse by minors, and incarceration of minors. We fail at preventive measures such as gun control and stemming the proliferation of media violence (American Psychological Association, 1993).

At the National Center for the Study of Corporal Punishment and Alternatives, our views concerning school violence and discipline have been shaped by: (a) our own studies and synthesis of other's research; (b) our public policy efforts to eliminate physical and psychological maltreatment of students; (3c our recognition of the interconnectedness between punitive religious/ political/ social/ educational policy and student disruption and violence; (d) our amazement at the extent to which political campaigns are framed by issues of crime and punishment; (e) our experiences in developing and implementing acceptable, non-punitive disciplinary techniques; (f) our work with the data and staff involved in the Safe Schools project of the former National Institute of Education (1978); (g) what we have learned in a variety of organization development projects too numerous to discuss here; and (h) the revelation that America is the most punitive of all the Western democracies (Hyman, 1990a, 1994, in press, Hyman & Pokalo, 1992).

America, the Punitive Society

The gradually successful efforts to abolish corporal punishment in schools, a form of violence against students, offers a metaphor for understanding a major cause of so many failures of American policy to prevent misbehavior and delinquency. This struggle illustrates the depth and breadth of Americans' deeply held faith in punishment and lack of support for prevention and habilitation for misbehavior and conduct problems. In the 1994 election, shaped by obsessive concerns about violence, most politicians ignored the data demonstrating that violence comes from violence (Bandura, 1973; Eron, Walder, & Lefkowitz, 1971; McCord, 1988a, 1988b, 1991). In fact, research demonstrates that many adjudicated delinquents got that way from such severe punishment and violence that they also have posttraumatic stress disorder (Curcio-Chilton, 1994; Hyman & Gasiewski, 1992).

The Quick Fix, Bag of Tricks Solution

As pupil personnel workers, we are in a unique position to caution against hasty, quick-fix, simple, solution driven policies and techniques to deal with misbehavior, especially when they are not based on adequate social science research or convincing data.

Our research suggests that: (a) discipline is a complex problem (Hyman, 1989a; Hyman & Lally, 1982); (b) there are few simple solutions; (c) there are no data to prove that any one discipline program is always better than all other approaches in all situations (Blum, 1994; Hyman & Lally, 1982); and (d) that the best solutions must take into account the total ecology of the school situation (Hyman, Blum, Weiler, Dahbary, & Pakalo, inpress, in press).

School Violence and Public Policy Toward Discipline

Violence to and by students has always been a part of education in many Western democracies (Finkelstein, 1990; Hyman & Wise, 1979; Moles, 1990). For a variety of political, social, and economic reasons, the issue periodically surfaces as a major crisis (Rubel, 1977). School-aged gangs and conflicts between various ethnic groups are documented as far back as the late 1800's (Finkelstein, 1990). The data that we present here indicates that there have been modest increases and decreases of school violence over the last several decades. Large fluctuations are often artifacts of reporting procedures, reflections of larger social problems, and actual increases in certain more violent activities such as shootings. However, schools are not as dangerous as perceived by the public.

Schools Are One of the Safest Places for Children and Youth

Any school violence is too much, but we must deal with the facts about the problem. Comparisons of violence in various settings indicate that schools are one of the safest institutions for children. In fact, they are much safer than homes. However, social policy, driven by media scares based on exaggerated and distorted data, political sound bytes about unsafe schools, and citizen panic only drive us deeper into a cycle of increasingly punitive solutions. In response to the current public rhetoric, we have begun a systematic examination of the data on the relative dangers in schools (Hyman, Olbrich, & Shanock, 1994). We present a few examples here.

The Criminal Victimization in the United States Reports (1991, 1992, 1993) indicate that rape, robbery, and assault are more likely to occur in the home than in school. In 1990, 9.8% of violent crimes were on school grounds, while 24.2% occurred in or around the home. In 1993, the percentages remained about the same (12.1% school related and 23.3% home related).

In 1992, approximately 2.9 million children were abused or neglected (U.S. Department of Health and Human Services, 1994). Family members account for 91% of the abuses. This resulted in 1068 deaths in 44 reporting States (the NCPCA estimates 1,260 deaths). According to the Center to Prevent Handgun Violence, 71 gun shot deaths occurred in schools in 1990. In 1993, there were 48 million school children (American Almanac, 1994). If the average rate of homicide was 1.0, which is higher than any reports we have, the total number of deaths would be 480. Let us examine the data from a few states.

In 1991, the Texas homicide rate was 15.30 per 100,000 persons (Texas State Police Dept., 1992). The Houston homicide rate was 366.50 [per] 100,000 (American Almanac, 1993), while its schools' rate was 0.71 [per] 100,000 (Houston ISD-Department of Safety, 1993). The Dallas rate was 48.60 (American Almanac, 1993) while the school rate was 0.48 [per] 100,000 (Dallas ISD-Department of Safety, 1993).

Between the academic years of 1992 and 1993, the Los Angeles Public Schools reported 3 homicides. One of those deaths was accidental (Los Angeles Unified School District, 1993). The Los Angeles homicide rate for 1991 was 29.30 [per] 100,000 persons (California Department of Justice, 1993), and for the schools in 1992, it was 0.12 [per] 100,000. The research on aggravated assaults also supports the notion that schools are relatively safe environments. In 1991, the aggravated assault rate in Chicago, a highly violent city, was 1502.00 [per] 100,000 while in 1992, the public school rate was 325.00 [per] 100,000 (Chicago Public Annual Report, 1992).

The Causes and Cures of Misbehavior are Complex

The complex causes of school misbehavior, each of which is amply documented in our writings and research, include: (a) the size of *birth cohorts;*(b)*family factors* including transgenerational patterns of violent disciplinary techniques or over-permissiveness, hereditary conditions which predispose violence, economic stress on families, divorce, child abuse and loss of parental authority; (c) *the political structures of society* which result in economic stress by large groups of people, work related stress, unemployment and lack of recreational activities for large numbers of youth and young adults, the availability of guns designed to kill people rather than game, racism, sexism, drugs, the extolling of violence in the media and in sports and the loss of sense of community in large urban and suburban areas; (d) *school related factors* such as schools which are too large, inadequately funded, overly punitive and/or governed by incompetent principals, rigidly bureaucratic, implement ineffective and inane rules, ignore sexual harassment by faculty and peers, stress competition instead of cooperation, invade students' rights by means of strip searches and which house insufficient numbers of adequately trained student personnel workers to develop and implement programs of prevention and treatment; (e) *teachers* who are either overly punitive, ineffective in classroom management, not trained in the recognition and prevention of student's explosive behavior so that they escalate rather than de-escalate violence, unable to provide instruction at appropriate levels for at-risk students, and are psychologically abusive; (f) *peer groups* that are allowed to develop norms and values which are contrary to decent treatment of others; (g) *media* depictions of children and youth happily and successfully aggressing against parents, teachers and other adults and portrayals of inappropriate heroes and anti-heroes; and (h) *students* who have untreated predispositions to violence, poor motivation to meet the demands of schools, and lack of responsibility and appropriate moral behavior toward others.

Obviously, many misbehaviors are relatively straightforward and the solutions easily apparent. However, if this were the case for the majority of problems, we wouldn't have so much concern about school discipline. Our solutions, which are too lengthy to discuss here include: (a) a broad systems/ecological approach; (b) an improvement in teacher training as indicated in our research findings of a national survey of teacher inservice and preservice college offerings (Blum, 1994); (c) our research which demonstrates there is no one best approach (Hyman & Lally, 1982; Hyman et al. in press); (d) our model of Teacher Variance which recognizes five distinct approaches to discipline and indicates that the best approach is the one with which teachers are most comfortable (Hyman et al., in press); and (e) our research on process approaches.

Solutions are Multifaceted

Organizational approaches to school discipline and violence offer the best long term solutions. We have developed a model based on a four year discipline and violence prevention project in Trenton, New Jersey schools (Pokalo, Hyman, & Moore, 1984). This project is too lengthy to describe here, but it is helpful to consider the Ecological Problem-solving Matrix which we designed to approach each discipline problem. The matrix given below is designed to consider various levels of intervention within each system which impacts on a particular misbehavior (Hyman, 1990b). Staff identify problems through climate assessment and other organizational development approaches and then brainstorm solutions by putting solutions in each cell of the matrix (see Figure 1).

For instance, in approaching the problem of student gun possession, a primary prevention approach, at the family and school levels, might be curricula informing children of the dangers of handguns. At the secondary prevention level, in the schools, metal detectors might be considered. At the punishment level, within the schools, staff must consider the efficacy of complete expulsion, suspension, or offering the possibility of restitution by the student who brought the gun to school. In addition to a broad based ecological approach we have developed the individually tailored Teacher Variance model.

Teacher Variance

We believe the reasons for misbehavior may best be understood when rooted in theory and research. Theories offer a framework to explain general principles of behavior and misbehavior. When a theory is mastered, practical applications can be adapted in a wide variety of settings and with various types of children and youth.

Teacher Variance is based on the assumption, backed by research, that there is no one best way to handle discipline. It is not like other discipline training programs, which assume that they can train all educators to use specific systems. Discipline is most effective when the underlying theory is compatible with the individual teacher's belief system, teaching style and personality. The goal is to help teachers to find the orientation with which they are most comfortable and enable them to apply theory to everyday discipline situations and to learn what to do if a specific disciplinary technique does not work with an individual student. The training helps teachers apply a theory driven approach to practical problems without asking them to change their belief systems.

The five orientations are Behavioral/Cognitive-Behavioral, Psychodynamic/Interpersonal, Humanistic, Ecological/Systems, and Biophysical. Each of these approaches is grounded in a separate body of assumptions about how children's personalities and behaviors develop. Therefore, within a particular system, one derives an understanding of how personality disorders and misbehaviors develop. Each approach is tied to a unique theoretical framework. The belief is that an individual unconsciously bases discipline practices, for the most part, within one of these frameworks.

When educators complete this training, they have identified their own theoretical orientation to discipline. They learn how to consistently apply the theory to solve discipline problems. When a particular technique, rooted in theory, does not work, they will return to the theory to understand why it did not work, rather than willy-nilly trying something else.

Teacher Variance does not suggest that educators should know only one theory. The eventual goal for any professional who wants to be the "complete disciplinarian" is to understand all of the approaches and to be able to use those which are most effective in specific situations.

The Process Approach

In 1982, staff at the NCSCPA published a comprehensive review of the efficacy of discipline training programs used in schools (Hyman & Lally, 1982). As part of the study, we conducted a process analysis of 27 programs. We recently completed an update of the study in which we analyzed 83 popular discipline training programs (Hyman & Dahbany, 1994). In addition we investigated the nature, extent and depth of discipline training offered by teacher training institutions (Blum, 1994).

Of 467 schools surveyed, 268 (57%) responded. Of these, 51% offer undergraduate and 35% offer specific graduate courses in school discipline. The most frequently taught models, in descending order are: Applied Behavior Analysis (93%), Assertive Discipline (90%), Reality Therapy (87%), Dreikurs Adlerian Model (76%), Teacher Effectiveness Training (64%), Developmental Discipline (49%), Values clarification (34%), Transactional Analysis (32%), and Systematic Training for Effective Teaching (23%). Theoretical orientations include behaviorism, cognitive behaviorism, psychodynamics, developmentally based discipline, moral development and humanism. Literature on conflict management, effective schools and effective instruction, corporal punishment and ecological management are also taught.

The current process analysis yielded seven clusters of disciplinary techniques used to train teachers. These include: (a) seven techniques for teachers to give feedback to students; (b) seven diagnostic strategies for gathering classroom information; (c) thirteen school and classroom ecological procedures; (d) five approaches to classroom democracy; (e) techniques to help teachers express feelings appropriately; (f) seven therapeutic techniques; and (g) a variety of approaches for involving parents.

Unstudied Areas

Sexual Harassment

Sexual harassment includes leering, pinching, grabbing, suggestive verbal comments, pressure for sexual activity, spreading sexual rumors, making sexual or sexist jokes, pulling at another student's clothing, cornering or brushing up against a student in a sexual way, use of epithets referring to students' sexual orientation, date rape, sexual graffiti about a student, or any other action of a sexual nature that might create a hostile learning environment. In 1993, the American Association of University Women (AAUW) conducted a study of sexual harassment in public schools. Eighty-one percent of student respondents said that they had been sexually harassed. Student-to-student harassment is the most common, accounting for 80% of the harassment, while teachers, custodians and coaches were responsible for 20%.

Sexual harassment is a disciplinary problem because it creates a hostile learning environment in which victims may become fearful, anxious, withdrawn, angry and/ or suffer severe loss of self-esteem. Their lack of faith in school authorities' ability to protect them may result in lower academic performance, withdrawal from school or acceptance of their role as sexual victims. As one 15 year old reported, "Teachers and other students can do it and students don't want to say anything. If I complain to my classmates they will think that I'm full of myself. There's no point."

Prevention of these problems should include clear guidelines and educational programs which sensitize students and faculty to causes and consequences.

Emotional Maltreatment

Emotional maltreatment by educators includes verbal assault, ridicule, isolation and rejection, punitive sanctions, peer humiliation, and sexual corruption (Brassard, Hart & Germaine, 1987; Hyman, 1990a; Leffler, 1988). It consists of: (a) discipline and control techniques which are based on fear and intimidation; (b) low quantity of human interaction in which teachers communicate a lack of interest, caring and affection for students; (c) limited opportunities for students to develop competencies and feelings of self-worth; (d) encouragement to be dependent and subservient, especially in areas where students are capable of making independent judgments; and (e) denial of opportunities for healthy risk taking such as exploring ideas that are not conventional and approved by the teacher (Brassard, Hart, & Germaine, 1987; Hart, 1987; Hyman, 1987). All of these deter the development of student self-discipline.

Many explosive behaviors by students can be traced to histories of emotional maltreatment by educators and/or peers. Based on research with the My Worst Experience Scale, we believe up to 50% of students have at least one incident of educator-induced emotional maltreatment which results in student stress symptoms which may cause student failure, alienation, aggression and/or depression (Hyman, 1990, in press). Teacher verbal behavior in confrontive situations may increase rather than de-escalate a potentially explosive situation, as is demonstrated in our workshop on this topic.

Despite the prevalence of emotional maltreatment in schools, and its potential for creating serious discipline problems, except for our own research (Code of Professional Responsibility for Teachers, 1992; Hyman, 1990; Hyman & Weiler, 1994), little has been done. This should be a major priority in research and policy concerning school discipline. We suggest the development of an Emotional Health Audit, followed by inservice training and outcome based data collection through the use of instruments such as our computerizedUniform Discipline Reporting System (Berkowitz, Hyman, & Lally, 1984).

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The Discipline Helpline

For the last fifteen years the National Center for the Study of Corporal Punishment and Alternatives has maintained a Discipline Helpline. Consultants on the line are experienced, advanced clinicians in school psychology who work directly under the supervision of Dr. Hyman.

If you wish to call about a specific discipline problem, call 215-787-6091. If a staff member is available he/she will gather intake information and arrange a time for a consultant to call you. You do not need to identify yourself other than giving a first name and a phone number. All calls are confidential.

If no one is at the Center you should leave your first name, a return number and alternate days and times when you can be reached.

When you talk to the consultant or the answering machine you should indicate you are participating in the New York City Project. The consultant will work with you until either the problem is solved or you both agree that situation requires further resources beyond what the two of you can offer.

Figure 1
Problem-solving matrix for school discipline

Diagnosis category	**Levels of intervention**				
Home	**Primary Prevention**	**Secondary Prevention**	**Tertiary Prevention**	**Punishment**	**Restitution**
Family structure					
Family power					
Family values					
Other					
Schools					
Organization					
Students and peer groups					
Teachers and teaching					
Other					
Community					
Values					
Control					
Opportunities					
Other					

Status Update of Research Related to National Education Goal Seven: School Violence Content Area

Michael J. Furlong and Richard L. Morrison

School violence has risen to become a top national concern over the past few years. More than one-third of the respondents in surveys indicate that reducing school violence is the top challenge facing America's public schools. In fact, the challenged posed by National Education Goal Seven is that by the year 2000 schools will be free of violence. Despite increased concern about school violence and the pursuit of a lofty national goal, we argue that it is time to stop and reflect about what is actually known about school violence. Empirical studies about school violence are reviewed, particularly as they relate to weapons possession, perception of personal security, victimization patterns, and perceptions of campus climate condition associated with environments conducive to learning. These studies are drawn from multidisciplinary literature sources and the results of the California School Climate and Safety Survey conducted by the authors. It is shown that schools are not infested with violence and that teachers and students generally feel safe in their home schools. It is argued that school safety plans should be formed by local information and not driven primarily by national studies or media reports.

Status Update of Research Related to National Education Goal Seven: School Violence Content Area

Rhetoric intended to raise the consciousness of the American public and policy makers about violence that occurs on school campuses has done its job—perhaps too well. These attempts to convey that learning requires a school environment that is safe, secure, and peaceful have relied on the portrayal of sensationalistic and extreme incidents of crime and violence. This strategy has successfully influenced the American public to believe the school safety issues are among the most pressing problems facing schools today. In the recent 26th annual Phi Delta Kappa/Gallup survey of attitudes about public schools, fighting, violence, gangs, and discipline tied with 18% each as the top concerns that the respondents have about public schools (Elam, Rose, & Gallup, 1994). Thus, more than one-third of the American public believes school safety issues are education's preeminent concerns. This is all the more remarkable because just three years ago, the first time that fighting, violence, and gangs were combined as one item in the Phi Delta Kappa/Gallup survey, only 3% of the sample rated them as one of the biggest problems facing schools. Yet another well conducted national survey (Harris, 1993), found that only 21% of the students believed that "most students are safe in schools." Similarly, 55% of youth in another study indicated that students they know talk about "violence in and around your school" sometimes or very often (Metropolitan Life, 1993). Accompanying this increased concern about school violence are calls for increased supervision of students and punishment for crime and aggressive behavior that occurs on school campuses. Perceptions of school violence as a pressing social concern is reflected in extreme characterizations from the highest levels that describe some classrooms in America as being "warzones," or that fire drills have been replaced by drills for taking cover when gunfire occurs. Most recently, the Gun Free School Act was enacted, accompanied by calls of "zero-tolerance" for weapons on school campuses.

Although public policy rhetoric assumes there is little doubt but that school violence is a pressing

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issue, not all opinion surveys support this assumption. In the annual survey conducted by Metropolitan Life (1993), 99% of teachers and 90% of students indicated that they felt safe at their schools. Similarly, information gathered with the ongoing National Educational Longitudinal Study (NELS) of America's secondary school pupils showed that fewer 10th graders in 1990 (8.1%) than in 1980 (12.2%) reported feeling unsafe at their schools. Even more dramatically, Bambilla and Furlong (1994) have reanalyzed the NELS data by examining responses to a school safety item of the same students across the eighth, 10th, and 12th grades. Starting with a sample of more than 24,000 students in grade 8, they found that about 14,000 students responded to the safety item across all three time periods. The surprising result was that only five of these students felt chronically unsafe as demonstrated by strong agreement at all three time periods to the question: "I feel unsafe at this school." The strength of this pattern is shown in that there were only 101 chronically unsafe pupils when the response criterion was relaxed to include students who "agreed" (vs. "strongly agreed") with this safety item. A possible explanation for this pattern may be found in responses to the Phi Delta Kappa/Gallup survey (Elam, Rose, & Gallup, 1994). In this study, adult respondents rated America's public education system in general much more poorly than they did the school of their eldest child; only 22% gave the nation's schools an "A" or "B" grade, but 70% gave these high grades to their child's school. These outcomes suggest that the public is concerned about a violence problem affecting schools in general, but they have less concern about the safety of their own home schools.

School violence is a lightning-rod issue that understandably raises emotions from many directions. Nonetheless, we propose that it is time to suspend alarmist claims about school violence and to carefully evaluate what is objectively known about its prevalence. It is time to temporarily evaluate the current status of school violence. For this reason, this paper has two primary objectives. First, to examine what research tells us about campus conditions mentioned in National Education Goal Seven: "By the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning" (National Educational Goals Panel, 1994, October). In the context of this paper we will focus specifically on those aspects of Goal Seven associated with violence that occurs on school campuses: (a) firearms, (b) violence victimization, (c) feelings of safety and security, and (d) environments conducive to learning. The second objective of this paper is to suggest that it is important to collect school safety information at the school level. This will help ensure that school safety efforts are driven by local concerns and needs, not subject to emotionalism generated by reactions to media portrayals of school violence. An important component of collecting local information is to ask students, staff, and others about their day-to-day experiences at school.

School Safety Perspectives

Prior to presenting information about recent research about the prevalence of safety conditions related to Goal Seven, it is necessary to present several premises and perspectives that guided work on this paper.

School safety as a personal experience. In any discussion of school safety and violence that occurs on campuses, data are often presented in an aggregated format. Whatever the pattern found in aggregated information, it obviously does not negate any single incident of violence on a school campus. Each student and adult has a "most serious" incident of violence that occurred to them on a school campus. For some, this event was extreme and caused trauma and personal tragedy. It is clear that Goal Seven challenges all educators to take steps to ensure that such trauma does not occur on school campuses. In fact, Goal Seven presents a very rigorous performance criterion: schools will be *FREE* of drugs and violence. This standard of "no harm to anyone at any time" is unique in American society. It is, in fact, a standard we have been unwilling to enforce in our own homes. As the data are summarized in the following sections, it is important to keep in mind the human impact of these incidents.

What is school violence? Although common sense suggests that everyone shares a frame of reference when they use the term "school violence," some research suggests that this may not be the case. In the only study to examine individuals' personal definition of the school violence, Kameoka (1988) asked recent high school graduates to retrospectively identify the types of violence that occurred to them while in school and to rate the level of violence associated with these incidents. In this study, 71 incidents were rated for magnitude of violence. The incident with the highest mean violence rating was sexual assault, but interestingly about one-fourth of the respondents rated it as completely nonviolent. Similarly, Elgin (1993) indicates that when evaluating the violence inherent to an incident, males and females weigh intentionality and harm differently. Women are more likely to consider the magnitude of harm incurred by an act when making judgments about violence, whereas men give more weight to the intention of the person committing the act. Within the schools context, potential differences of definitions of school violence have surfaced. For example, in the recent Metropolitan Life Teacher Survey (1993), students were asked if they had been the victim of various intrusive acts at school during the preceding year. A number of the students reported that they had been verbally insulted (60%), threatened (26%), pushed or shoved (43%), kicked or bitten (24%), or had something stolen from them (43%). Thus, many students reported that various incidents happened to them, yet when specifically asked if they had *EVER* been the "victim of a violent act" at school, only 23% said yes. This suggests that students are victimized at school by less serious incidents, but they do not considered these acts to be "violent."

We should anticipate that there will be disagreement about what the National Education Goal Seven term "free of violence" means. For some, it may refer to extreme, gratuitous forms of violence such a physical assaults and other criminal acts. Such conceptualizations may exclude lesser forms of violence such as schoolyard bullying. Other conceptualizations (Furlong, Morrison, & Clontz, 1991; Morrison, Furlong, & Morrison, 1994) include in the definition of school violence a continuum of incidents ranging from serious threats of physical harm to threats to personal and social self-determination. Because National Goal Seven specifically calls for the creation of school environments that are conducive to learning, we argue that it is insufficient to focus solely on extreme acts of violence that occur at school. Safety and security are not the antithesis of violence. Optimal learning environments are not merely those void of obvious forms of violence.

School safety myths. Given America's fascination with polls, surveys, and numbers (Crossen, 1994), it is not surprising that some myths about school violence have evolved. These myths take the form of misinterpretation of existing information or the confabulation of contrived information that has commonsense appeal. One example of misinterpretation of existing data are numerous references to the results of data collected using the 1991 version of the Youth Risk Behavior Surveillance Survey (Centers for Disease Control and Prevention, 1991). The original study found that 26% of high school students reported carrying weapons (knives, guns, clubs, etc.) in the month prior to the survey. The survey question did not specify whether or not this weapon carrying occurred on or off campus. In subsequent reports (e.g., Pacific Center for Violence Prevention, 1994), however, these data were interpreted to show how many students carry weapons or guns on a school campus. Because high school students were surveyed, it was erroneously presumed that the results reflected school behavior only. As far as we can tell, these data are also the source of the many varying estimates of how many guns are present on school campuses across America each day. In fact, there is no national database from which to accurately estimate the number of guns present on a school campus on any given day.

Other misinformation about school violence was generated by outright fabrication. The most notable example of this is the widespread reference to a list of school concerns that compare the top school problems of the 1940's (or in some instances the 1950's) with those of contemporary schools. This list has received wide circulation and was cited by Bennett (1993), as evidence of the "declining condition among the youth" of America. He cites the problems of the 1990's (drug abuse, alcohol abuse, pregnancy, suicide, rape, and assault) and those of the 1940's (talking out of turn, chewing gum, making noise, running in the halls, cutting in line, dress code infractions, and littering) as being generated by an "ongoing teacher survey." In fact, Barry O'Neill, a professor at Yale University, investigated the origins of the "school problem" list and discovered that they were fabricated in the late 1970's by a Texas oil millionaire who had an anti-public school agenda (O'Neill, 1994). This striking example shows how discussion about school violence can be driven by misinformation or the compilation of information from second-hand sources, notably newsmedia, to support a prespecified agenda.

Status of America's Schools with Respect to National Education Goal Seven

In the next section we present information from empirical studies pertinent to the school violence and safety content area of Goal Seven. Because we presume that the ultimate objective of Goal Seven is to create schools where students not only "survive" (free of violence) but "thrive" (an environment conducive to learning), data related to positive campus conditions are also presented. We draw upon multidisciplinary research from the public health sector, juvenile justice sector, and education. Where appropriate, data are presented from a study we conducted involving approximately 8,000 students from schools in southern California, who were administered the California School Climate and Safety Survey during either May, 1994 or September, 1994 (Morrison et al., 1994). These students attended schools in both suburban and urban schools and each case was screened using multiple reliability and validity checks. Students whose response pattern suggested that they answered similar items inconsistently or they responded affirmatively to nonsense items, were excluded from this analysis.

Unauthorized Presence of Firearms and Other Weapons

Newspaper headlines and captions describing school-aged children as "Armed and Dangerous" and describing schools as "Trigger-Happy High School" convey public concern about the presence of guns on school campuses (Larson, 1994). Certainly it is a fundamental notion that schools cannot be free of violence if students bring weapons, particularly guns, to campus. There is increased potential for them to be used impulsively to settle perceived wrongs or carelessly resulting in accidental injuries and deaths. In this section, we review information about youth involvement in homicides (both as victims and as perpetrators), as well as what is known about how many students carry guns to school.

Youth homicide data. One development involving youth and violence that is well supported by empirical research is an increased rate of youth homicide. Since a recent historical low in the mid-1980's, the homicide rate involving school-aged children, particularly those in the 15-17 year age range has increased. Cornell (1993) has conducted a careful analysis of recent changes in juvenile homicide. Using data from the Federal Bureau of Investigation's Supplemental Homicide Report, he examined archival information for homicides committed by juveniles ages 10-17 reported during the years 1984 and 1991. There were 1,668 juveniles arrested for homicide in 1991 compared with 732 arrests in 1984 (a recent historic low). These homicides were committed almost exclusively by males (86.5% in 1984 versus 93.5% in 1991) and over this 8-year period there was a change in the proportion of homicides committed by African-Americans (53.8% of all homicides in 1984 versus 73.9% in 1991). Other changes were found in the proportion of homicides involving a handgun (37.2% in 1984 versus 61.2% in 1991) and a decrease in the proportion of murders involving a family member (21.2% in 1984 versus 8.0% in 1991). Cornell (1993) argues that there were both quantitative and qualitative changes in the pattern of homicides by juveniles with recent incidents involving more crime-related situations, greater use of handguns, and a much higher rate among African-American males. Is important to keep in mind that these data are not an exact count of all homicides committed by juveniles, but they are a representative sample.

In another study involving 202 serious juvenile offenders in Virginia, Cornell (1990) found that between 1977 and 1987 nearly one-half of the homicides could be classified as impulsive reactions to interpersonal conflict, while the remainder involved some form of related criminal activity. An interesting finding was that when compared with juveniles who committed a serious assault (not resulting in homicide), the perpetrators of homicides hadless of a history of prior violence. This suggests that juveniles who commit murder are not a homogeneous group and should not be lumped together for program or public policy needs.

The fact that juvenile homicide has increased since the mid-1980's does not, of course, imply that more serious violence has occurred on school campuses, although it is reasonable to presume that as juvenile involvement in serious incidents of crime and violence occurs that some of it inevitably will spill onto the school campus.

Despite increased concern about K-12 student involvement in homicides, there is no national database to track homicides or serious assaults (e.g., shootings and stabbings) that occur on school grounds during regular school hours.

Thus far, attempts to track this information have used media reports of homicides and shootings to estimate prevalence. Such a study conducted by the Center to Prevent Handgun Violence (1990) in the late 1980's found that during a five-year period, 71 individuals (65 students and 6 staff) were murdered and 201 individuals were wounded by gunfire on school campuses. Deaths occurred in 24 states. A similar media study is currently being conducted by the National School Safety Center (Stephens, personal communication).

If homicides are used as a criteria to judge the safety of America's schools, available data show that compared with the total number of homicides committed annually by youth and the total annual number of youth homicide victims, very few occur in a school location. Using this extreme index of safety, schools, in fact, are our children's safest public setting.

Gun possession at school. There is more information about how frequently handguns are present on school campuses, although, again, there is no national database for such information. There are two primary sources of information about gun possession at schools: (a) official state crime reports, and (b) student self-reports. Official crime data are available in only a few states (e.g., California, Florida, South Carolina, Virginia, and North Carolina; Furlong & Morrison, 1994), and these data are of vastly different quality. Some are derived from an official census of specific events, whereas others are based on the recollections of school administrators. In either case, the number of weapons "officially" confiscated from students in schools is comparatively small. In California, for example, the most recent figures available are from the 1988-89 school year. In that year, guns were taken from students at a rate that computes to just one gun per school district per year. Although there was an increase in gun confiscations in California from 503 in 1985-86 to 1,131 in 1988-89, it was never determined how much of this increase was due to increased supervision and improved compliance with reporting procedures.

The best information available about guns on campus comes from student self-report surveys (American School Health Association, 1989; Harris, 1993; Kingery, Mirazee, Pruitt, & Hurley, 1990; Illinois Criminal Justice Information Authority, 1991; Sheley, McGee, & Wright, 1992). These studies generally find that between 3% and 6% of secondary school students report having possessed a gun at school during the year prior to the survey. The highest figure was found by Sheley et al. (1992), who reported a 9% rate for the innercity male students in their sample. A recent survey of nearly 200,000 youth nationwide by PRIDE, an Atlanta based drug abuse prevention organization, found that 4.3% of 6-8 graders and 7.4% of 9-12 graders reported *EVER* "carrying a gun to school." The importance of this latter finding is that it demonstrates that short-term rates (over the past year) are not much different than long-term (ever) rates, suggesting that gun possession at school involves a small group of repeat offenders.

Although the possession of any weapon on campus is a potential hazard, it is erroneous to presume that all weapons, including guns, are brought to school because of student concerns about personal safety. Using data from the National Crime Victimization Survey, School Supplement, Bastian and Taylor (1991) report that only 3% of males and 1% of females reported EVER bringing a gun to school. The important caveat here is that their question specified that the weapon was brought for the student's protection. From the limited available information, it appears that students bring weapons to campus for a variety of reasons and not only because of fear of school violence.

Another way to assess gun presence on campuses is to ask students if they personallysaw a gun or were threatened by someone with a gun on campus. In our survey of California students in grades 5-12, we found that 9.8% of suburban students and 11.7% of urban seventh graders reported personally seeing a gun (not just hearing about it) on their campus in the month prior to the survey. In addition, 5.4% of the suburban students and 6.9% of the urban students reported being "threatened by a gun and you saw it." These rates are higher than those found in surveys that have asked students to report about their own weapon possession. It would seem that both types of information are needed to fully evaluate the impact that weapon possession has on a school's climate.

Finally, other studies have examined student self-reports of the possession of other weapons at school (Bastian & Taylor, 1991; Harris, 1993; Kingery et al., 1990; Turner, 1989). These studies consistently show that students report carrying other weapons to school at higher rates than guns, with knives being the most common weapon on school campuses. In addition, in one of the few studies to explicitly ask about gun possession at school and in the community, Sheley et al. (1992) found that inner-city boys were nearly four times more likely to report carrying a gun in the community (35%) than at school (9%). The same pattern was found for the girls in this study (11% community vs. 3% school). The 1993 version of the Youth Risk Behavior Surveillance Survey administered by the Centers for Disease Control and Prevention (due in January, 1995) includes questions about school and community gun possession.

Perceptions of Campus Security and Safety

It is widely touted that learning cannot occur in schools when students fear for their own safety. Psychologically, safety is a very basic need that takes precedent over other higher-order needs when it is threatened. In this section we review research that examines general perceptions of campus safety conditions and personal feelings of safety on school campuses.

General Perception of Campus Safety Conditions. Some items in the California School Climate and Safety Survey inquire about how often students perceive dangerous conditions to occur on their school campus. Results show that less than one half of students in urban and suburban schools indicate that drug use, vandalism, alcohol consumption, fights, stealing, bullying, or weapons possession happen "quite a bit" or "very much" on their school campus. Nonetheless, a sizable number of students feel that these behaviors occur frequently on their campus, with the exception of weapon possession. In fact, weapon possession is consistently reported as occurring the least frequently of the seven behaviors listed above. As shown in Figure 1, there are noticeable differences by grade level, with older students reporting more frequent drug and alcohol use and weapon possession. Younger students report more fighting and bullying. What is of interest is that although a number of students reported that these danger-related behaviors occurred frequently on their campus, relatively fewer indicated that school violence was among their biggest personal worries. As shown in Figure 2, 11% of the students from the suburban sample indicated that they were most worried about school violence. The modal concern of the students was getting good marks in their classes. The same pattern held for seventh-graders from inner-city schools, however, more of them, 22%, said they were most worried about school violence.

Personal Feelings of Safety. Perceptions of school safety were examined in studies conducted by the California Commission on Teacher Credentialing (Dear, 1995) and by Furlong, Babinski, Poland, Munoz, and Boles (1994). In these studies, school board members, recently credentialed educators, teacher trainers, and participants in focus group discussions about the causes and solutions of school violence were asked to describe the size of the school violence problem at their school. As shown in Figure 3, only 2-4% of the respondents indicated that there was a "very big" school violence problem at their school. Only the focus group members, who gathered specifically to discuss school violence, tended to say that their schools were violent. These results are consistent with those reported in the classic study Violent Schools, Safe Schools (National Institute of Education, 1978). Theysuggest that the general public has a heightened concern about school violence, but generally does not feel that their home schools are particularly unsafe.

In the California School Climate and Safety Survey, we also asked students the same safety item included in the NELS project. The results showed that more inner-city students (18%) than suburban students (10%) reported feeling unsafe at school, and these results are similar to those reported by the NELS project. It is important to note, again, that a reanalysis of the NELS data (Bambilla & Furlong, 1994) shows that students' reports of feeling "unsafe" at school are not stable over time and may more accurately measure transitory responses to recent experiences. Support for this observation also comes from the Metropolitan Life (1993) survey. Here teachers, students, and law enforcement officers were asked to indicate if violence at "your" school had increased, decreased, or stayed about the same. Only slightly more teachers and students felt that violence had increased as opposed to decreased during the past year, and a large majority reported that it was about the same. Only the law enforcement officers (more than 40%) felt that school violence had increased. Other findings from our survey suggest that perceptions of "feeling safe" at school are influenced by more than actual violence victimization. As shown in Figure 4, students in the fifth and sixth grades were the most likely to report being most concerned about school violence, despite the fact that they reported lower levels of victimization. It appears that responses to global questions about feelings of personal security are affected by development and maturation processes. Younger students have more fears than older students and the widespread portrayal of youth as perpetrators and victims of violence (Kunkel, in press) may exacerbate these natural developmental fears.

School Violence Victimization Patterns

Since the Violent Schools, Safe Schools study (National Institute of Education, 1978), there have been surprisingly few comprehensive studies of violence victimization of students on campuses. The most extensive recent study is the School Crime Supplement to the National Crime Victimization Survey (Whitaker & Bastian, 1991). This study involved an extensive personal interview of a random sample of youth ages 12 to 19 across the United States. These respondents indicated how often they had been the victim of various forms of personal and property crimes on school campuses in the six months prior to the interview. In this self-report survey 9% of the students indicated that they had been the victim of at least one crime, but only 2% report crimes involving personal violence—most of these being simple physical assaults (Bastian & Taylor, 1991). The pattern of victimization was similar in urban and rural areas, for boys and girls, and across racial or ethnic groups, a finding that runs counter to common stereotypes. Schools, it turns out, were also not the most likely place for the crimes to occur to youth, despite the fact that students spend much of the day in that setting (Whitaker & Bastian, 1991).

Higher victimization rates were reported by students in a survey conducted by the American School Health Association (1989). In this study 14% of the students reported being "robbed" and 14% being "attacked" at school or on a school bus.

In our own survey, we asked students to indicate if during the previous month they had personally experienced any of 21 different types of events involving bullying, harassment, property intrusion, serious physical intrusion, or threats related to deviant behavior (e.g., gangs, drugs, sexual). To evaluate if the students were carefully answering these items, two validity check items were included (e.g., student took ten field trips in the previous month). Students not passing the validity items were excluded from the analysis, a procedure not used in any previous school violence survey research. The data in Figure 5 show the percentage of pupils from suburban school districts who acknowledged that each of the behaviors happened to them in the previous month. The labels included in Figure 5 are abbreviations for the items listed here:

- You were grabbed or shoved by someone being mean;
- You were punched or kicked by someone trying to hurt you;
- You were cut with a knife or something sharp by someone trying to hurt you;
- You personally saw a gun on campus;
- You were hit with a club, pipe, or rock, etc. by someone trying to hurt you;
- You went to a doctor or nurse because you were hurt in an attack or a fight;
- You had personal property smashed or damaged on purpose;
- You had personal property stolen;
- You personally saw a knife on campus;
- You had something taken from you by force or threat of force;
- Someone threatened to hurt you;
- Someone yelled bad words, cursed at you;
- You were threatened by someone with a gun and you actually saw the gun;
- Someone made fun of you, put you down;
- Someone made unwanted physical sexual advances toward you;
- Someone sexually harassed you (made unwanted sexual comments to you);
- You were threatened by someone with a knife and you actually saw the knife;
- You were bullied, threatened, or pushed around by gang members;
- You were threatened by a student you believe was high on alcohol or drugs;
- You were in ethnic or racial conflict; and
- Someone tried to scare you by the way they looked at you.

A point to emphasize is that not all of the incidents listed above are "crimes." Because the objective of Goal Seven is to create learning environments conducive to learning, schools, in our opinion, should collect incident reports that include a mixture of traditional "crimes" and incidents related to infractions of school disciplinary codes as well as behaviors that negatively impact a school's climate. Such an approach emphasizes that Goal Seven seeks to reduce violence—in our terms, harm—not just to reduce crimes that occur at school.

As shown in Figure 5, behaviors falling in the bullying area (taunting, grabbing, punching, staring down, threatening) were generally the most frequently reported incidents followed by harassment behaviors. This pattern was robust across the more than 30 schools surveyed and strongly suggests that bullying behavior, by far, is the most frequently occurring form of school violence (see also Batsche & Knoff, 1994). Other frequently reported victimization behaviors included seeing a knife on campus, theft of personal property, and sexual harassment. Although among the least frequently reported incidents, about 1 in 20 students reported being threatened by someone using a gun or knife.

In our sample of seventh grade students from inner-city schools, a similar pattern of victimization was found, with the exception that they had higher rates of having property stolen (53.2%).

In summary, there is some discrepancy among studies examining student self-reported violence victimization on school campuses. The National Crime Victimization Survey, School Crime Supplement had an obvious crime focus and it produced the lowest reported victimization rates. The next lowest rates were found in the American School Health Association Survey, which asked students to indicate if they had been victimized by using global terms such as "robbed" or "assaulted." The highest victimization rates were found in our own survey, which avoided reference to school crime and asked about victimization in behaviorally specific terms (e.g., "you were punched or kicked by someone trying to hurt you" rather than "you were assaulted"). Which procedure is more desirable is a matter yet to be determined, however, we argue that from an educational perspective, school safety planning is better supported by knowing how frequently specific types of behaviors occur as opposed to only having an official school crime census.

Student Perceptions of a Campus Environment Conducive to Learning

To date, school safety researchers have paid little attention to factors associated with a school environment "conducive to learning." Drawing upon school effectiveness and school climate research, Morrison et al. (1994) present a school environment model that describes how the physical, social, and cultural environments of a school contribute to the creation of a caring, nurturing, and supportive school. Testing this model's hypothesis that violence victimization is higher among students with fewer social connection to peers and teachers, Furlong, Chung, and Bates (1994) found that students with multiple types of victimization were significantly less likely than students reporting no victimization to report having close relationships with teachers. These preliminary findings suggest that it is important to evaluate students' perceptions of the general school climate when conducting school safety surveys.

Data from our survey of students in California provide mixed findings about students perceptions of caring school environments. As shown in Figures 6, a majority of students from our survey's suburban schools indicate that they feel that they belong at school and that they have a lot of friends. In contrast, only a minority perceive their schools as being places where they can trust people or where people really care about one another. These perceptions were similar across males and females. Another important observation is that a sizable number of students chose the middle option on the five-point response scale, indicating some ambiguity about how much trust and caring they perceived in their schools. Nonetheless, these data suggest that many students in our surveys do not experience their schools as being places that are interpersonally supportive.

Using Surveys to Support Safe School Planning

There is reason to be concerned that America's preoccupation with the impact of crime and violence on daily life has created a situation in which discussions suggesting that the problem is not worse than it was before, or is perhaps exaggerated, are immediately dismissed as implying that we do not have a problem involving violence in schools and the community. Our primary objective in this paper was to provide information about violence that occurs at schools in the hope that more objective information would temper and guide future discussions. We do not suggest that there should be no concern about violence that occurs at schools. In fact, we strongly advocate the development of comprehensive school safety plans in all schools (California Department of

Education, 1989; Dear, 1995; Ontario Ministry of Education, 1994; Safe Schools Project, 1993). Nonetheless, we are equally convinced that public discussions about school violence are not well-served by reference to myths, misinformation, and appeals to uninformed fears and anxieties. For this reason, schools developing school safety plans should include mechanisms to collect objective information about campus conditions associated with the occurrence of incidents that harm students and staff. There are a number of resources available to support these efforts (see Furlong, 1994 for a discussion of various instruments available to conduct safety surveys). Among the available procedures are carefully constructed and implemented surveys of the campus community about their experiences and perceptions of the conditions on *THEIR* school campus. The data from the California School Climate and Safety Survey presented in this paper were all collected as part of a more general safe school planning process and show the type of information that can be generated at the school level. In fact, the information in these surveys was used by the schools to create safety plans relevant to their schools conditions and needs. Our experience has shown that it is a mistake to formulate local school safety plans based upon reactions to events that occur in other locales, or that are reported in various news media, because they rarely reflect the day-to-day experiences of students and staff at specific schools.

Most importantly, surveys designed to "take the pulse" of the school community are effective when there is a commitment to use them over an extended period of time. The collection of data, from whatever source, about school safety conditions is not only a productor a deliverable, it is also part of the process of reaching out to the school community to seek their feedback, guidance, and ultimately support for collaboratively developed school safety plans. The objective of safety planning is to: (a) reduce the actual risk of harm to students and staff; (b) increase individuals' sense of personal security; and (c) to use concern about personal security as leverage to improve the overall quality of the school's educational program. Schools electing to conduct safety surveys will want to attend to the five basic standards:

1. All assessments should be completed in the context of a careful, local school climate and safety planning process. Data collected without an organized, prespecified purpose serves no useful function.

2. The school community should be involved in planning the logistics of doing the survey. Surveys are often completed by students and staff during a selected class period. The quality of the data is enhanced when teachers and students understand why the survey is being conducted and how the results will be used.

3. School site safety teams should ask for the views of as many students, teachers, and parents as possible. Asking for opinions increases awareness and helps to make school safety a positive, top priority.

4. Surveys are most informative when they include procedures for discussing reactions immediately after the questionnaire is completed. Classroom lessons, focus groups, and community meetings are methods of obtaining more personal views of what is behind the numbers.

5. A number of ethical questions and related responsibilities are raised when a safety survey is conducted. Make sure that privacy and anonymity of individuals are maintained. Try to anticipate potential adverse reactions, especially among individuals who may have been previously victimized on campus. Make sure that there is commitment to use the survey information in helpful and productive ways. Work with local school boards and media to help them reframe the survey process as a positive, proactive step to make schools safer. This should not be a fault finding enterprise.

Summary

Despite justified concern about violence that occurs at schools, there is also reason to be optimistic about the future of schools. Schools are places where adults care for children and young adults and sincerely try to help them. They are places where more youth graduate from high school than at any time in the past, places where more students aspire for college and graduate training than at any time in the past, and places where the vast majority of students and teachers report feeling safe. Here are what the voices of some students have told us about their schools:

- "I love the teachers at my school. They are positive and encouraging."
- "The people, lunch, choir are awesome; and fine arts is too. Education is quality."
- "The people I meet are nice. My friends mean a lot to me."

These are the voices of hope, not despair.

Nonetheless, the information reviewed in this paper does indicate that schools can be improved. Students experience harmful events on campuses and they deserve our support in learning how to prevent them whenever possible and to cope with them whenever necessary. As we move forward to help schools meet the stringent standard of creating environments that are "free of violence," it is critical that the rhetoric used to justify the commitment of public resources to reduce school violence does not overwhelm schools with negative, misleading publicity. We must be careful to define school violence as a stress and risk factor in our children's lives (Morrison et al., 1994)—a problem affecting their lives—and not redefine the problem as being the children themselves. An example of how this can happen is shown in one author's (Malkin, 1994) attempt to define the school and youth violence problem in the following manner:

> The kids need a jolt. Bad apples should be kicked out of school by unapologetic district officials; the juvenile justice system must set up long-lasting reform schools, not just short-term boot camps; and those beyond reform must be incarcerated for more than a few token months or years. It's like treating gangrene. The longer you wait, the more it takes hold. Someone has to make the tough decision and take a sharp knife to the problem. At some point, to salvage the healthy parts, you just have to cut off the diseased (p. H6).

It would be sad indeed if the discussion about how to make our schools safer, and to help our children learn more effectively, results in the proliferation of attitudes that define our children as being the problem itself. Such a conclusion is unwarranted by the data presented in this paper. A school's best defense against such inappropriate characterizations of schools or children is to collect local information about campus safety conditions and formulate a plan to address the identified concerns.

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Figure Captions

Figure 1. Percentage indicating that these campus conditions occur "quite a bit" or "very much" at their school by grade level. (Students in suburban school sample.)

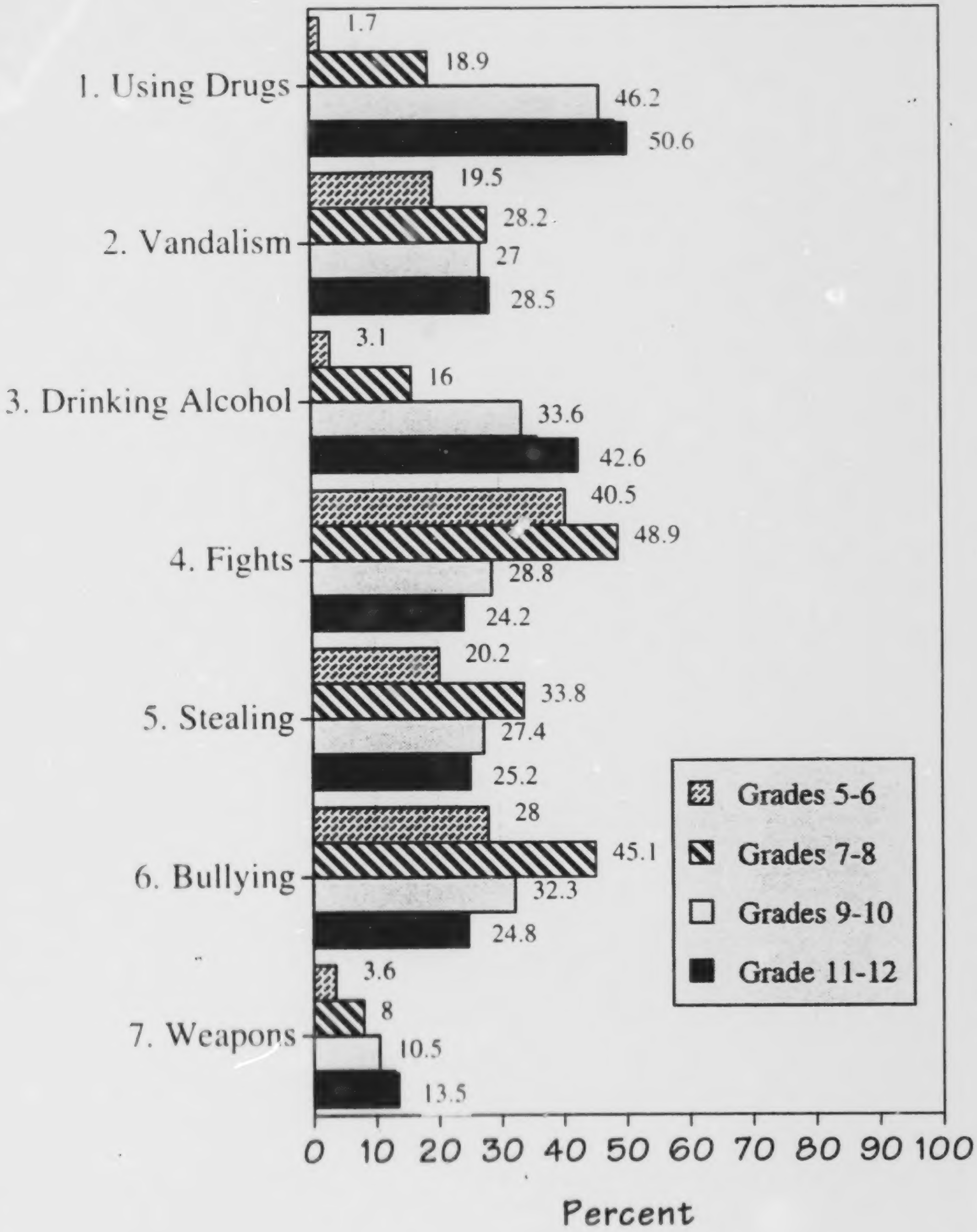
Figure 2. Percentage of males and females indicating what they are most worried about. (Students in suburban school sample.)

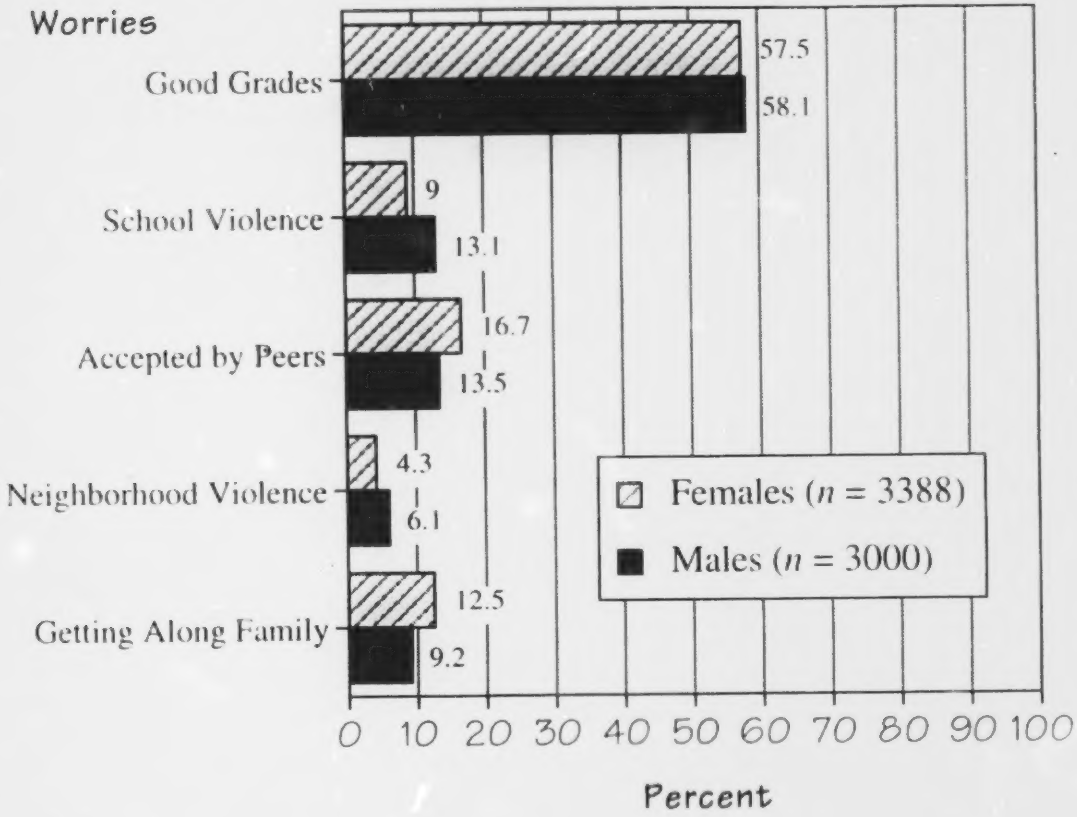
Figure 3. Percentage of respondents in six groups indicating the size of the violence problem at their school.

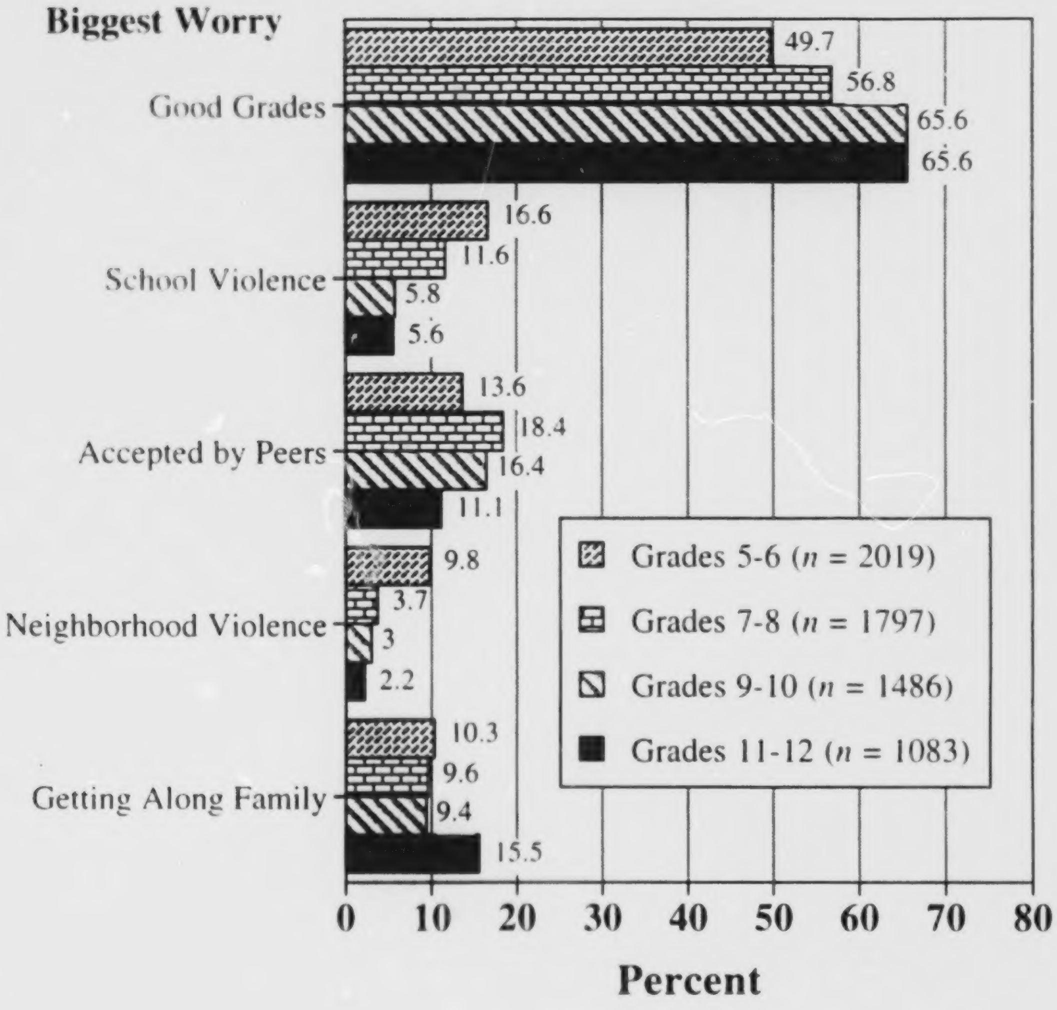
Figure 4. Percentage of students by grade level indicating what they are most worried about. (Students in suburban school sample.)

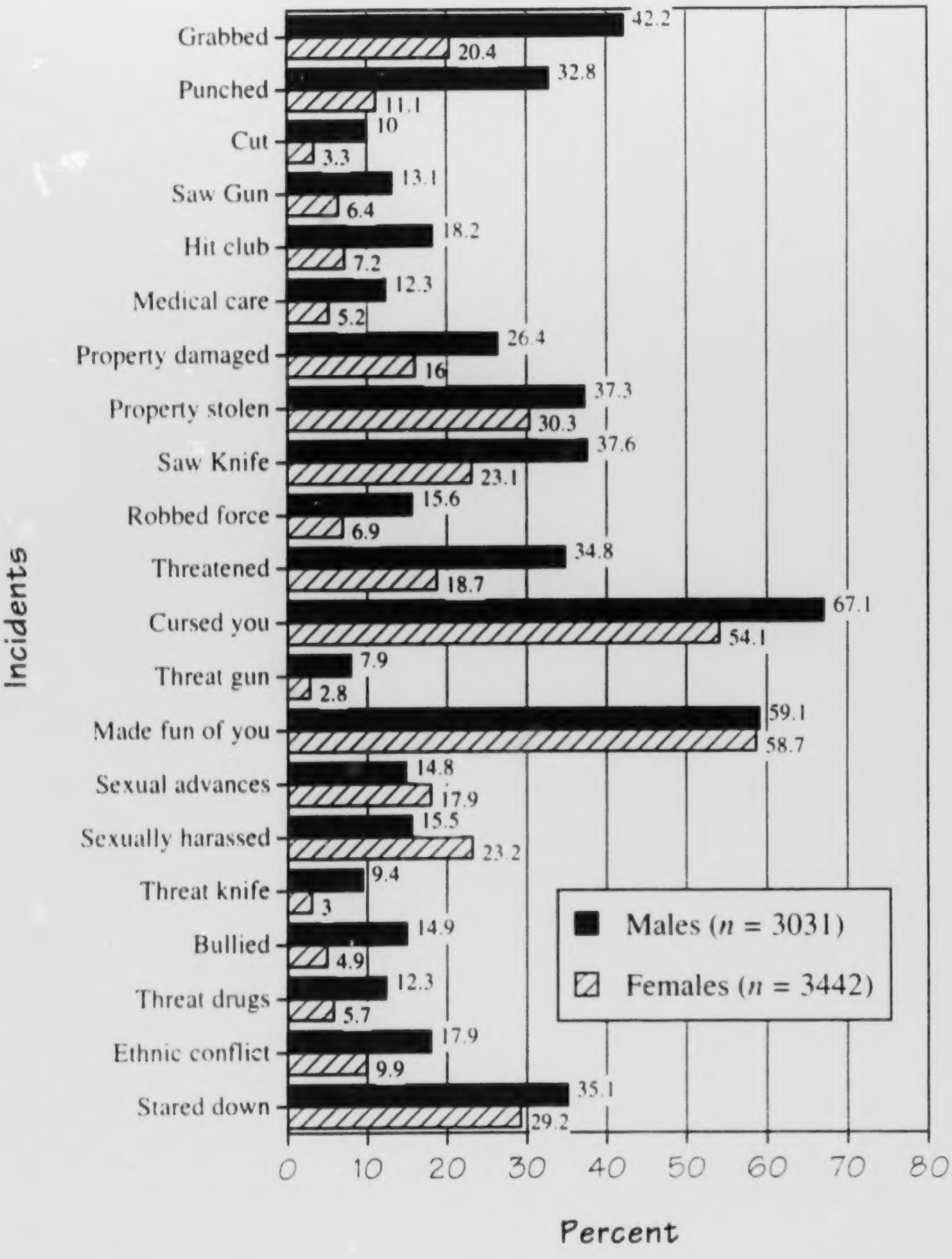
Figure 5. Percentage of students indicating that these incidents happened to them at school in the previous month. (Students in suburban school sample.)

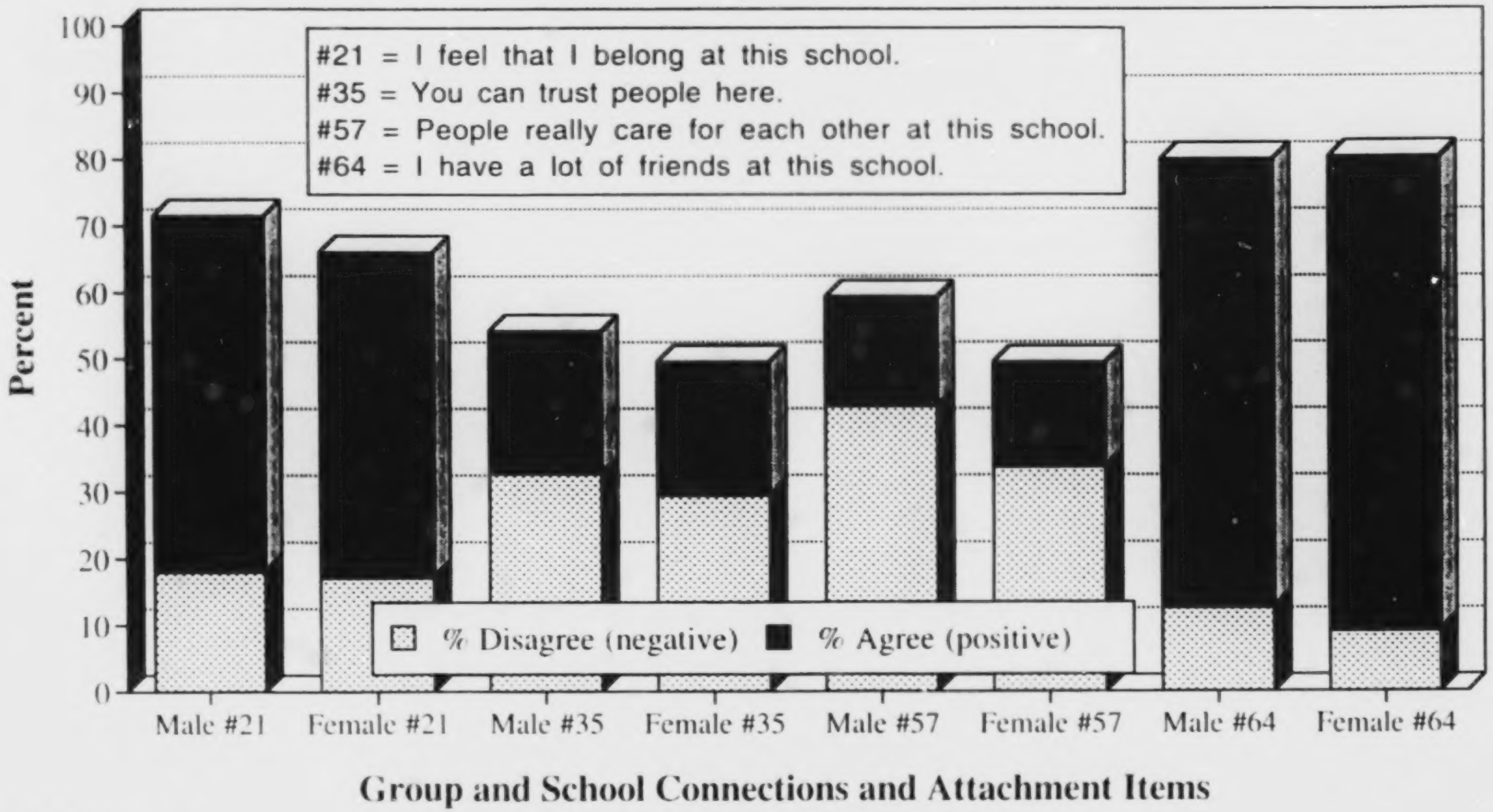
Figure 6. Percentage of males and females agreeing and disagreeing with selected school connections and bonding items. (Students in suburban school sample.)


1. Using Drugs
1.7
18.9
46.2
50.6
2. Vandalism
19.5
28.2
27
28.5
3. Drinking Alcohol
3.1
16
33.6
42.6
4. Fights
40.5
48.9
28.8
24.2
5. Stealing
20.2
33.8
27.4
25.2
6. Bullying
28
45.1
32.3
24.8
7. Weapons
3.6
8
10.5
13.5
Grades 5-6
Grades 7-8
Grades 9-10
Grade 11-12
0
10
20
30
40
50
60
70
80
90
100
Percent


Worries
Good Grades
57.5
58.1
School Violence
9
13.1
Accepted by Peers
16.7
13.5
Neighborhood Violence
4.3
6.1
Getting Along Family
12.5
9.2
▨ Females (n = 3388)
■ Males (n = 3000)
0 10 20 30 40 50 60 70 80 90 100
Percent


Biggest Worry
Good Grades
49.7
56.8
65.6
65.6
School Violence
16.6
11.6
5.8
5.6
Accepted by Peers
13.6
18.4
16.4
11.1
Neighborhood Violence
9.8
3.7
3
2.2
Getting Along Family
10.3
9.6
9.4
15.5
▨ Grades 5-6 (*n* = 2019)
⊟ Grades 7-8 (*n* = 1797)
▧ Grades 9-10 (*n* = 1486)
■ Grades 11-12 (*n* = 1083)
0
10
20
30
40
50
60
70
80
Percent


Incidents
Grabbed
42.2
20.4
Punched
32.8
11.1
Cut
10
3.3
Saw Gun
13.1
6.4
Hit club
18.2
7.2
Medical care
12.3
5.2
Property damaged
26.4
16
Property stolen
37.3
30.3
Saw Knife
37.6
23.1
Robbed force
15.6
6.9
Threatened
34.8
18.7
Cursed you
67.1
54.1
Threat gun
7.9
2.8
Made fun of you
59.1
58.7
Sexual advances
14.8
17.9
Sexually harassed
15.5
23.2
Threat knife
9.4
3
Bullied
14.9
4.9
Threat drugs
12.3
5.7
Ethnic conflict
17.9
9.9
Stared down
35.1
29.2
■ Males (n = 3031)
▨ Females (n = 3442)
0
10
20
30
40
50
60
70
80
Percent


#21 = I feel that I belong at this school.
#35 = You can trust people here.
#57 = People really care for each other at this school.
#64 = I have a lot of friends at this school.
Percent
100
90
80
70
60
50
40
30
20
10
0
Male #21
Female #21
Male #35
Female #35
Male #57
Female #57
Male #64
Female #64
☐ % Disagree (negative)
■ % Agree (positive)
Group and School Connections and Attachment Items

Working with African American Mothers and Urban Schools: The Power of Participation

Wendy Glasgow Winters

Today, Jackie Linnan is an empowered professional and social agency director. Twenty-five years ago, Jackie, the mother of three young children, was welfare-dependent, depressed, and isolated. She lived in a predominately black inner city neighborhood in a small Northeastern state. Her motivation to become independent and self-sufficient is directly related to her years of participation in the day-to-day activities [of] her children's school. Hers is one example of the self-realization that can emanate from the involvement of parents in schools.

Parent/School Collaboration

Schools in the nation's inner-cities face a myriad of problems, including escalating violence, hunger, under-nourishment, and increasing numbers of children who are homeless. Not only do many of these children live in dilapidated and substandard housing, but the schools they attend are often in disrepair. "Even in schools with adequate facilities, supplies, and resources, chronic absenteeism, poor academic performance, severe behavioral problems, disillusioned teachers, and discouraged parents are common" (Winters, 1993). No one entity can solve these problems alone.

Solutions to such problems require a collective effort, namely the collaboration of families, schools and communities (Chavkin, 1993; Epstein, 1991). "Collaboration suggests that neither group can function effectively alone; that each group needs the cooperation of the other to carry out its mission. The sum of the collaboration is greater than the total of what each group could accomplish alone" (Winters & Easton, 1983). Collaboration, parent involvement, and participation used interchangeably in this discussion, are all grounded in the expectation and reality of shared commitment (Winters, 1994).

The articulated goals encompassing safe and academically productive public schools, rest on collaboration that includes teachers, parents, school professionals, and community (U.S. Department of Education, 1994). Parent involvement targets the parents (or primary caretaker) of children in the schools, and is grounded in the belief [of] the positive outcomes of collaboration. From the example of Jackie Linnan, it is evident that enhancement of competence, the development of skills, the actualization of potential and the impetus of motivation, are byproducts of parent involvement (Winters & Maluccio, 1988).

As parent involvement is contemplated, Comer (1988), has argued that it is not sufficient to merely "invite" minority, poor parents to the school and expect them to be responsive and accommodating. Clear mechanisms for involvement and programs to stimulate and capture their participation must be in place in order to involve parents who heretofore may have felt alienated from, unwelcomed in, and threatened by the school. Pupil services personnel play a critical role in collaboration. The precepts of various disciplines with the underlying shared focus on developing social competence, prepares pupil services personnel with the repertoire of skills to facilitate leadership development and foster collaboration. Given the complexities of parent and school collaboration, ongoing training for school personnel is [as] paramount as it is for parents. The content of training will vary in accord with the needs of the particular group.

My experience as a pupil services professional was first as a school social worker in the early days of Head Start in Connecticut, followed by assignments in elementary, middle and high schools. As the chief social worker of the Baldwin-School Program, a forerunner of the School Development Program under the leadership of Dr. James P. Comer of the Yale Child Study Center, I witnessed what parents and schools can accomplish working together. One of the major objectives of the program was to bring parents into the school in meaningful ways and to make school environments more conducive for learning. Involvement of teachers and parents in decision making and management are critical aspects of the program. A collaborative model is based on the premise that all in our society need information and support to function effectively. To be effective participants, each player in the collaboration must be exposed to and take part in training and development.

Socioeconomic status and social psychological factors influence one's ability to function independently. In addition, individual potential becomes mitigated by the racism, elitism, and sexism that perpetuate powerlessness. The experiences occurring in schools in which collaboration is ongoing can cut across these schisms and function as growth-producing environments. The sensitive issues inherent in interaction require opportunities for both sides to air frustrations, reaffirm successes, and weigh alternatives. Cooperative planning, a critical aspect of collaboration, provides an arena in which shared commitment, and mutual respect can develop. A number of schools have good intentions and genuinely want parent involvement. Yet it still remains a challenge for schools to work with and involve parents in the day-to-day activities of the school. School personnel will invite parents and encourage them and yet may still become threatened when parents dare to question. School personnel often back away and become defensive when challenged. Although ultimately it is the school that maintains the power, schools guard their terrain, and at times are reluctant to share their boundaries (Moles, 1993). Yet a number of schools across the nation have successfully extended and engaged parents (Davies, 1990; Comer, 1988; Moles, 1993; Schorr, 1988).

A number of studies demonstrate how parent involvement benefits children's academic and social functioning (Clark, 1993; Epstein, 1991). Studies have demonstrated that parent involvement can be an additional resource for schools (Johnson, 1990). Parker, Piotrkowski, and Peay (1987) found that Head Start mothers who participated in sponsored educational activities experienced an increased sense of personal well-being. The qualitative and quantitative studies discussed in this paper, first carried out in Connecticut in 1974 and later replicated in 1987 in Milwaukee, Wisconsin, demonstrate the benefits of parent involvement for parents themselves. The schools are located in predominately black inner-city communities. Over the years, as mothers sustain their activity, they appear more empowered, generating the hypothesis that alienation and participation were inversely related. The focus targets the difference in outcomes between high and low participant mothers.

Constructing a Parent-School Activity Index

A Parent-School Activity Index was devised in order to measure participation in day-to-day school activities. In the initial study, both parents and school personnel identified all activities and contacts that parents had with the school and school personnel since the beginning of the program, six years earlier. Eleven categories of activities were generated. Categories included parental activities such as classroom assistance; executive committee and advisory board membership, tutoring, workshop participation, lunchroom assistance, attendance at parent-teacher meetings or conferences; and participation in a variety of fund raising activities. A panel of raters including one principal, two classroom teachers, two parents, one of whom was employed as school community aide, and a school social worker, independently evaluated and assigned a numerical value to the designated activities. Criteria included time commitment, personal responsibility, and impact of the activity on the day-to-day functioning of the school, on a one-time basis. The interrater reliability coefficient was .88. A total score of 38 was divided to reflect low, moderate, and high participatory scores (Winters, 1993).

In keeping with a major commitment to involve parents in all aspects of the program, parents were active participants on the research team. Parents assisted in the formulation of questions, participated in the pretest, and completed lengthy ongoing in-depth training regarding procedures and methodology to prepare them to be interviewers. As members of the research team, they did not rubber stamp the proposed research methodology. For example, in obtaining demographic data, they refused to solicit information regarding range of income. This item was eliminated from the survey questionnaire, and census tract data was substituted, still verifying that in accord with federal criteria a majority of the families were economically deprived.

Exploring Alienation

To explore dimensions of alienation, three constructs from the social science literature: (a) meaninglessness, (b) normlessness, and (c)powerlessness were explored quantitatively (Srole, 1956; Seeman, 1983; Willie, 1968). Self-estrangement and social isolation, additional dimensions of alienation, were examined qualitatively. The extent to which an individual understands events in his/her social sphere was represented by meaninglessness.

When the social sphere was unclear, confusing, and chaotic, individuals were confused as to what to believe and in protection of the self tended to avoid interaction. To assess meaninglessness, subjects were asked whether they agreed or disagreed with the statement, "things are so confusing in the world today, I do not understand what is going on." Mothers were questioned about their expectations and the extent to which they can anticipate and evaluate outcomes. When examining the interaction of participation in school activities and educational level, while the high participant mother was less likely to feel unable to understand events in her immediate world, education was found to be the prime factor in rejection of the idea that she was unable to absorb and process information about the social world. In one mother's voice, "It is the 'little things' that an individual can do, that make a difference." Her focus was not restricted to the confines of demanding family responsibilities. As a trained parent volunteer in the lunchroom, she had learned to move quickly to calm a youngster who had dumped another child's food tray. Before the situation could escalate, she skillfully engaged all children involved in the incident and was able to avert a major outbreak in the lunchroom. This parent volunteer, Annabell Stokes, was assured that there are small things that one can do, that make a difference and foster a sense of accomplishment.

"Inner cities are becoming the breeding grounds of normlessness, the state in which any behavior is considered acceptable if it meets needs and fulfills goals. (In a society that emphasizes material acquisitions and prosperity but the reality restricts access and opportunity for success, the concept of normlessness prevails.) For many urban dwellers, the message that has been conveyed is "possession by any means necessary. Illegal, marginal, or questionable behaviors become acceptable, as long as the goal is achieved and needs are gratified" (Winters, 1993, p. 92). The expectation that illegitimate means have to be used in order to realize culturally prescribed goals surfaces as a prime concern.

Low income mothers whose participation in their children's school is characterized as high, in contrast to their low participant counterpart, significantly rejected the idea, "that it is okay to do anything in this world to get ahead." It is not surprising that those few high participant mothers who were employed were twice as likely to reject the normlessness statement (Winters, 1993). "The positive spirit and strength in these women with minimal comforts and pleasures in their lives remains intact. Yet, in our complex society with its mixed messages, the distinction between the acceptable and unacceptable is not always clear. Psychological strain results as individuals struggle in choosing between behaviors approved by the wider society and those that will fulfill a need" (Winters, 1993, p. 93).

Powerlessness, the third dimension of alienation examined here, refers to alienation in a socio-psychological sense. The concept includes external isolation from the larger community and the internal isolation that is characterized by low self-esteem. Of all the components of alienation, the most devastating is this feeling of a lack of power. Powerlessness represents the degree to which a person feels powerless to achieve the role they have determined to be rightfully theirs in a specific situation. By virtue of participation in school based activities, a mother experiences her efforts as being valued. Gradually the self becomes strengthened with the realization of the positive outcomes of one's endeavors. In American society, our personal identities are defined in the context of what we do, namely our work. Hence, a mother's sense of self, is developed, reinforced, and reaffirmed as she continues involvement in school activities. Goals are reevaluated and escalated as confidence is shaped, new challenges identified, and empowerment evolves. In 1987, high frequency participant mothers were twice as likely as their low frequency participant peers to reject the powerlessness statement. Their ongoing commitment to involvement in school activities reflects their personal empowerment.

Accountability

A critical component of empowerment is accountability. Being accountable encompasses the expectation of responsibility for outcomes. One embodies commitment to outcomes as a critical aspect of one's sense of being. As parents' involvement continues over time, and they become increasingly accountable, they are more committed to producing positive results and become obligated to shared goals. As a result, the collaboration involving school personnel, families, and communities is enhanced. It is an ongoing process that develops over time. "As an aspect of (collaboration), shared accountability shifts the power" from the school to include parents and thus expands and "improves the basis for negotiation and understanding" (Winters, 1993).

Jackie's story is one of the many positive accounts that seem to pale in the wake of human devastation wrought by today's inner-city environment. Through the exchange and interaction common to participation and ongoing socialization, she acquired knowledge, developed skills, and learned new attitudes. In the process, her ability and potential were reaffirmed. Education and participation interacted as significant determinants (in altering) Jackie's life chances. (Winters).

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Preventing Adolescent Suicide: An Introduction[1]

David Capuzzi

The adolescent at risk for suicidal preoccupation and behavior has become an increasing concern for schools and communities throughout the United States. Adolescents are increasingly at risk of committing suicide, as on average one young person commits suicide every 90 minutes, making suicide the second leading cause of death (Hayes & Sloat, 1988).

Understanding the Causes

The Adolescent Transition

Adolescence as a stage in psychosocial development has become more complex, more stressful and more prolonged than ever before. Choices about whether to use drugs, to join gangs, to experiment sexually, or to pursue a vocational or academic course of study must be made earlier and earlier amidst escalating pressure and confusing options. These choices prove to be difficult even for adolescents who are successfully mastering the essential developmental task of separation and identity formation. Successful separation and identity formation can only occur, however, when children and adolescents have been exposed to positive adult models for parenting and nurturing. As adults become more and more focused on earning a living in a country in which the cost of food, clothing, housing, medical care, etc., has increased more rapidly than salaries, less time may be available for parenting roles. Traditional values may seem questionable and increasing emphasis on education, which lengthens preparation time for jobs or careers which may not provide the quality of life enjoyed by today's adults, may make it even harder for adolescents to develop needed perspective. For some adolescents the use and abuse of alcohol and other substances, running away, dropping out of school, developing eating disorders, sexual acting out, and other at-risk behaviors may be connected with the need to lower stress and may be preludes to increased vulnerability for a suicide attempt or completion.

Family Dysfunctions

Divorce, death, unemployment, moving, etc., are frequent occurrences in American families which must be dealt with in a way that promotes problem solving and good communication. Individuals in functional family systems can usually make the adjustments necessary to cope constructively with changes in the family. Members of dysfunctional families, however, usually experience high stress during periods of transition.

There are a number of patterns that can be observed in dysfunctional families which can impact an adolescent's vulnerability to depression and suicidal preoccupation (Capuzzi, 1986).

Poor Communication Skills. In most families of adolescents who have attempted or completed suicide, communication between parents or between parents and children (and usually both) has not been optimal. Family members may have difficulty describing their thoughts and their feelings or may be uneasy about sharing them even if they are able to articulate accurately. Parents may have been taught to suppress self-expression or may have been subjected to bursts of anger with little explanation or description provided. Children and adolescents usually do not attain communication levels higher than those of their parents. They may be unable or afraid to express themselves and parents may have little awareness of the tribulations experienced by an adolescent son or daughter.

Resistance to the grieving process. Loss is something that requires a grieving and adjustment process which passes through a series of phases or stages. The dissolution of the family of origin because of death or a divorce, changes in health status or job security, or moves to new housing or a new community require major psychological adjustments and changed perspectives. Quite often, suicidal adolescents come from families which have experienced losses and in which individual family members have resisted the need to grieve and denied the range of feelings which accompany the grieving process.

Difficulties with single parenting. The role of the single parent in American society is difficult. Escalating responsibility, lowered income, high stress, and lack of time are only a few examples of the kinds of problems a single parent may encounter. It is difficult for even the most functional of adults to cope with the parameters of raising a child (or children) without the emotional support and financial assistance a partner can provide.

Confusion in a blended family. When two adults who have custody of the children from a previous marriage decide to form a new family, the dynamics of the family constellation can become quite complex. For some adolescents, it is too difficult to adjust to a "substitute" parent for the one lost through a divorce, a new set of guidelines for behavior and discipline, additional siblings, less personal space, or a different home in a new neighborhood or community.

Mid-life transition stressors. Adolescence, particularly early adolescence, is a time of rapid psychological and physical change. Many parents do not realize that their adolescent children are being called upon to cope with changes that are as numerous and as rapid as the changes they experienced during the first year of life. They do not realize that they need to spend as much or more time with their children than ever before because adolescent children look more like young adults than children in need of support, structure, and guidelines. Since parents of adolescents are usually between the ages of 35 and 50, they may be focused on assessing themselves as personalities, as partners, as career achievers, and as income providers. Often such parents, particularly parents whose own dysfunctions inhibit their perspective and their parenting abilities, fail to understand the needs of their adolescent children and do not provide the time and the structure and stability so necessary for optimal family functioning.

Abusive interactions. Families in which physical or sexual abuse is occurring or in which substance abuse is problematic may be at high risk for adolescent suicide. Parents who are abusive of each other, themselves, or their children are typically low in self-esteem, stressed, poor communicators and problem-solvers, and financially distressed. Children of such parents have not been taught to feel good about themselves and to problem-solve well. During adolescence, escaping the pain of such a family atmosphere or the self-deprecating viewpoint they have probably developed may become the most predominating motivation for suicide.

Environmental Pressures

Academic achievement. Schools and families often pressure their adolescent students/children to emphasize scholarly pursuits at the expense of developing relationships, hobbies, and pastimes which provide enjoyment and balance to release stresses and renew energy. Even good students can be the recipients of pressure, threats, and admonitions to achieve spiraling levels of achievement and excellence. When an adolescent whose identity is too aligned with school-related pursuits develops anxiety over the need for continued performance, he or she may become preoccupied with suicide as a means to escape increasing pressures.

Constant mobility. Although a reasonable amount of change and mobility can be renewing and energizing, too much mobility can provide the basis for isolation, loneliness, and alienation. Often mobility is mandated because of career opportunities, divorce, or a desire to improve upon environmental circumstances. Unfortunately, too much movement can result in depression and exhaustion.

High school completion. Even though many adolescents register emphatic complaints about the requirements connected with progression through and graduation from secondary education and "proclaim" the joys of high school completion, most adolescents experience a great deal of stress about the future. Suddenly, they will no longer be with peers they may have seen daily for years; the post high school environment may be completely new and lack the "structure" provided by secondary schools. Adolescents already at risk for suicide may be even more vulnerable prior to and after graduation because their stress levels may further impair decision making, coping, and adjustment relative to the myriad of changes and transitions they will experience.

Availability of drugs. Most fifth and sixth graders in the United States can access the use of illicit drugs. Opportunities to experiment with alcohol, marijuana, and other drugs are common and often young people are pressured by their peers to participate and [may be] threatened with expulsion from the group if they refuse. Many vulnerable upper elementary and early adolescents mistake or confuse their involvement with the drug culture as something which can enhance their feelings of well-being and autonomy. Since problem solving ability, self-esteem, communication skills, etc., which may already be inadequate, are never enhanced through the use of drugs, suicide prone adolescents usually increase their risks as drug experimentation and dependency increase.

Adolescent Suicide Prevention: What You Need to Know

The most effective tool in preventing suicide is knowledge. Since 90% of the adolescent suicide attempters warn us of their plans, it is imperative that everyone recognizes the signs and knows what to do about them.

Understanding the Myths

It is important to disqualify myths and misconceptions surrounding the topic of adolescent suicide at the beginning of any initiative to provide prevention, crisis management and postvention services. Some of the most commonly cited misconceptions include the following (Capuzzi, 1988).

Adolescents who talk about suicide never attempt suicide. This is probably one of the most widely believed myths. All suicidal adolescents make attempts (either verbally or nonverbally) to let a friend, parent, or teacher know that life seems to be too difficult to bear. Since a suicide attempt is a cry for help to identify options other than death and to decrease the pain of living, always take verbal threats seriously. Never assume such threats are only for the purpose of attracting attention or manipulating others. It is better to respond and enlist the aid of a professional than to risk the loss of a life.

Suicide happens with no warning. Suicidal adolescents leave numerous hints and warnings about their suicidal ideations and intentions. Clues can be verbal or in the form of suicidal gestures such as taking a few sleeping pills, becoming accident prone, reading stories focused on death and violence, etc. Quite often, the social support network of the suicidal adolescent is small. As stress escalates and options, other than suicide, seem few, suicidal adolescents may withdraw from an already small circle of friends making it more difficult for others to notice warning signs.

Adolescents from affluent families attempt or complete suicide more often than adolescents from poor families. This, too, is a myth. Suicide is evenly divided among socioeconomic groups.

Once an adolescent is suicidal, he or she is suicidal forever. Most adolescents are suicidal for a limited period of time. In the experience of the author, the 24-72 hour period around the peak of the "crisis" is the most dangerous. If counselors and other mental health professionals can monitor such a crisis period and transition the adolescent into long-term counseling or therapy, there is a strong possibility there will never be another suicidal crisis. The more effort that is made to help an adolescent identify stressors and develop problem-solving skills during this post-suicidal crisis period and the more time that passes, the better the prognosis.

If an adolescent attempts suicide and survives, he or she will never make an additional attempt. There is a difference between an adolescent who experiences a suicidal crisis but does not attempt suicide, as in the example above, and the adolescent who actually makes an attempt. An adolescent who carries through with an attempt has identified a plan, had access to the means and maintained a high enough energy level to follow through. He or she may believe that a second or third attempt may be possible. If counseling or therapy have not taken place or have not been successful during the period following an attempt, additional attempts may be made. Most likely, each follow-up attempt will become more lethal.

Adolescents who attempt or complete suicide always leave notes. Only a small percentage of suicidal adolescents leave notes. This is a common myth and one of the reasons why many deaths are classified and reported as accidents by friends, family members, physicians, and investigating officers when suicide has actually taken place.

Most adolescent suicides happen late at night or during the predawn hours. This myth is not true for the simple reason that most suicidal adolescents actually want help. Mid to late morning and mid to late afternoon are the time periods when most attempts are made since a family member or friend is more likely to be around to intervene than would be the case late at night or very early in the morning.

Never use the word suicide when talking to adolescents because using the word gives some adolescents the idea. This is simply not true; you cannot put the idea of suicide into the mind of an adolescent who is not suicidal. If an adolescent is suicidal and you use the word, it can help an adolescent verbalize feelings of despair and assist with establishing rapport and trust. If a suicidal adolescent thinks you know he or she is suicidal and realizes you are afraid to approach the subject, it can bring the adolescent closer to the point of making an attempt by contributing to feelings of despair and helplessness.

Every adolescent who attempts suicide is depressed. Depression is a common component of the profile of a suicidal adolescent but depression is not always a component. Many adolescents simply want to escape their present set of circumstances and do not have the problem-solving skills to cope more effectively, lower stress, and work towards a more promising future.

Suicide is hereditary. Suicide tends to run in families similar to physical and sexual abuse. This fact has led to the development of the myth. Suicide is not genetically inherited. Members of families do, however, share the same emotional climate since parents model coping and stress management skills as well as a level of high or low self-esteem. The suicide of one family member tends to increase the risk among other family members that suicide will be viewed as an appropriate way to solve a problem or set of problems.

In conjunction with this myth, it should be noted that endogenous depression can be inherited. Because of the connection between depression and suicide, many have mistakenly come to the belief that suicide can be genetically inherited.

Recognizing the Profile

One of the essential components of any staff development effort is teaching the profile of the suicidal or potentially suicidal adolescent so that referral and intervention can take place. Behavioral, verbal and cognitive cues and personality traits are the four areas which will be described below.

Behaviors

Lack of concern about personal welfare. Some adolescents who are suicidal may not be able to talk about their problems or give verbal hints that they are at risk for attempting suicide. Sometimes such adolescents become unconcerned with their personal safety in the hopes that someone will take notice. Experimenting with medication, accepting "dares" from friends, reckless driving, carving initials into the skin of forearms, etc. may all be ways of "gesturing" or letting others know, "I am in pain and don't know how to continue through life if nothing changes."

Changes in social patterns. Relatively unusual or sudden changes in an adolescent's social behavior can provide strong cues that such a young person is feeling desperate. A cooperative teenager may suddenly start breaking the "house rules" which parents have never had to worry about enforcing. An involved adolescent may begin to withdraw from activities at school or end long-term friendships with school and community related peers. A stable, easygoing teenager may start arguing with teachers, employers or other significant adults with whom prior conflict was never experienced.

A decline in school achievement. Many times, adolescents who are becoming more and more depressed and preoccupied with suicidal thoughts are unable to devote the time required to complete homework assignments and maintain grades. If such an adolescent has a history of interest in the school experience and has maintained a certain grade point average, loss of interest in academic pursuits can be a strong indication that something is wrong. The key to assessing such a situation is the length of time the decline lasts.

Concentration and clear thinking difficulties. Suicidal adolescents usually experience marked changes in thinking and logic. As stress and discomfort escalate, logical problem solving and option generation becomes more difficult. As reasoning and thinking become more confused and convoluted, it becomes easier and easier to stay focused on suicide as the only solution.

Altered patterns of eating and sleeping. Sudden increases or decreases in appetite and weight, difficulty with sleeping or wanting to sleep all the time or all day can all be indicative of increasing preoccupation with suicidal thoughts.

Attempts to put personal affairs in order or to make amends. Often, once a suicide plan and decision have been reached, adolescents will make "last minute" efforts to put their personal affairs in order. These efforts may take a variety of directions: attempts to make amends in relation to a troubled relationship; final touches on a project, reinstatement of an old or neglected friendship, or the giving away of prized possessions.

Use or abuse of alcohol or drugs. Sometimes troubled adolescents use or abuse alcohol or other drugs to lessen their feelings of despair or discontentment. Initially, they may feel that the "drug" enhances their ability to cope and to increase feelings of self-esteem. Unfortunately, the abuse of drugs decreases the ability to communicate accurately and problem solve rationally. Thinking patterns become more skewed, impulse control lessens, and option identification decreases.

Unusual interest in how others are feeling. Suicidal adolescents often express considerable interest in how others are feeling. Since they are in pain, but may be unable to express their feelings and ask for help, they may reach out to peers (or adults) who seem to need help with the stresses of daily living.

Preoccupation with death and violence themes. Reading books or poetry in which death, violence or suicide is the predominating theme can become the major interest of an adolescent who is becoming increasingly preoccupied with the possibility of suicide. Other examples of such preoccupation can include listening to music which is violent; writing short stories focused on death, dying and loss; drawing or sketching which emphasizes destruction; or watching movies which emphasize destruction of self and others.

Sudden improvement after a period of depression. Suicidal adolescents often fool parents, teachers, and friends by appearing to be dramatically improved, in a very short period of time, after a period of prolonged depression. This improvement can sometimes take place overnight or during a 24 hour period and encourages friends and family who interpret such a change as a positive sign. It is not unusual for a change, such as the one described above, to be the result of a suicide decision and the formulation of a concrete suicide plan on the part of the adolescent at risk. It may mean that the suicide attempt (and the potential of completion) is imminent and that the danger and crisis is peaking.

Sudden or increased promiscuity. It is not unusual for an adolescent to experiment with sex during periods of suicidal preoccupation in an attempt to refocus attention or lessen feelings of isolation. Unfortunately, doing so sometimes complicates circumstances because of an unplanned pregnancy or an escalation of feelings of guilt.

Verbal Cues

There is no "universal" language or "style" for communicating suicidal intention. Some adolescents will openly and directly say something like "I am going to commit suicide" or "I am thinking of taking my life." Others will be far less direct and make statements such as: "I'm going home," "I wonder what death is like," "I'm tired," "She'll be sorry for how she has treated me," or "Someday I'll show everyone just how serious I am about some of the things I've said."

The important thing for counselors, parents, teachers, and friends to remember is that, when someone says something that could be interpreted in a number of ways, it is always best to ask for clarification.

Thinking Patterns and Motivations

Often suicidal adolescents distort their thinking patterns in conjunction with the three functions of avoidance, control, and communication so that suicide becomes the best or only problem-solving option. Such distortions can take a number of directions. All-or-nothing thinking, for example, can enable an adolescent to view a situation in such a polarized way that the only two options seem to be continuing to be miserable and depressed or carrying out a suicide plan; no problem-solving options to cope with or overcome problems may seem possible (Capuzzi, 1988). Identification of a single event which is then applied to all events is another cognitive distortion, that of over-generalization. Such distortions result in self-talk which becomes more and more negative and more and more supportive of one of the following motivations for carrying through with a suicide plan:

- Wanting to escape from a situation which seems (or is) intolerable (e.g., sexual abuse, conflict with peers or teachers, pregnancy, etc.);
- Wanting to join someone who has died;
- Wanting to attract the attention of family or friends;
- Wanting to manipulate someone else;
- Wanting to avoid punishment;

- Wanting to be punished;
- Wanting to control when or how death will occur (an adolescent with a chronic or terminal illness may be motivated in this way);
- Wanting to end a conflict that seems unresolvable;
- Wanting to punish the survivors,
- Wanting revenge.

Personality Traits

Although no consensus has yet been reached on the "usual," "typical," or "average" constellation of personality traits of the suicidal adolescent, researchers have agreed on a number of characteristics which seem to be common to many suicidal adolescents.

Low self-esteem. The counseling experience of the author, as well as the experience of other practitioners, seems to substantiate the relationship between low self-esteem and suicide probability. Almost all such clients have issues focused on feelings of low self-worth and almost all such adolescents have experienced these self-doubts for an extended time period.

Hopelessness/helplessness. Most suicidal adolescents report feeling hopeless and helpless in relation to their circumstances as well as their ability to cope with these circumstances. Most practitioners can expect to address this issue with suicidal clients and to identify a long-term history of feeling hopeless and helpless on the part of most clients.

Isolation. Many, if not most, suicidal adolescents tend to develop a small network of social support. They may find it uncomfortable to make new friends and rely on a small number of friends for support and companionship.

High stress. High stress coupled with poor stress management skills seems to be characteristic of the suicidal adolescent.

Acting out. Behaviors such as truancy, running away, refusal to cooperate at home or at school, use or abuse of alcohol or other drugs, experimentation with sex, etc. are frequently part of the pattern present in the life of a suicidal adolescent.

Need to achieve. Sometimes, adolescents who are suicidal exhibit a pattern of high achievement. This achievement may be focused on getting high grades, being the "class clown," accepting the most "dares," wearing the best clothes, or any one of numerous other possibilities. In the counseling experience of the writer, this emphasis on achievement often is a compensation for feelings of low self-esteem.

Poor communication skills. Suicidal adolescents often have a history of experiencing difficulty with expression of thoughts and feelings. Such adolescents may have trouble with identifying and labeling what they are feeling; self-expression seems awkward if not stressful.

Other directedness. Most suicidal adolescents are "other" rather than "inner" directed. They are what others have told them they are instead of what they want to be; they value what others have said they "should" [be] instead of what they deem to be of personal value and worth.

Guilt. Usually connected with feelings of low self-esteem and a need to be other directed, the guilt experienced by many suicidal adolescents is bothersome and sometimes linked to a "wanting to be punished" motivation for suicide.

Depression. Depression is a major element in the total profile of the suicidal adolescent. Hafen and Frandsen (1986) pointed out that there are sometimes differences between depression in an adult and depression in an adolescent. Adults are often despondent, tearful, sad, or incapable of functioning as usual. Although adolescents sometimes exhibit these characteristics, they may also respond with anger, rebelliousness, truancy, running away, using and abusing drugs, etc. Considering the complexity of the environment that adolescents must confront, it is normal to experience some short-term depression. But when depression becomes more frequent and more intense, to the point that the adolescent has trouble functioning at school or at home, it may be a forewarning of more serious problems.

How You Can Help

If you have concerns about an adolescent, your role is to express your concern, develop rapport, and facilitate a meeting with a counselor or crisis team member. This meeting should take place as quickly as possible. Most adolescents attempt suicide 24 to 72 hours after the peak period of their suicidal preoccupation.

The following guidelines may be helpful to you in the process of getting an adolescent to someone who can make an assessment and decide on what needs to be done.

Step 1

Assess the suicidal risk factors utilizing what you know about the "profile" of a suicidal adolescent. Do not be afraid to ask directly if the person has entertained thoughts of suicide. Experience shows that harm is rarely done by inquiring into such thoughts at an appropriate time. In fact, the suicidal individual often welcomes the query and the opportunity to open up and discuss it. Remember, the more detailed an individual's thoughts and plans, the more serious the suicidal possibility. However, all suicidal thoughts should be taken seriously.

Step 2

Listen and paraphrase. The most important thing for a person in distress is someone who will listen and really hear what is being said. Paraphrase what you think you are hearing.

Step 3

Evaluate the seriousness of the young person's situation.

It is possible for an adolescent to be extremely upset but not suicidal or to appear mildly upset and yet be suicidal. Try to understand the situation and circumstances and the meaning attached to these by the individual you are concerned about.

Step 4

Take every complaint and feeling the person expresses seriously. Do not dismiss or discount the person's concerns. Let the person know that you understand their perspective but that you may also be able to see things in another way.

Step 5

Begin to broaden the person's perspective of his or her past and present situation. Point out that depression often causes people to see only some things (the negatives) and to be temporarily unable to see other things (the positives). Elicit positive aspects of the person's past and present which are being ignored but which could be regained.

Step 6

Be positive in your outlook of the future. Let the adolescent know that predictions of a hopeless future are only guesses, not facts. Contrast the finality of death with the uncertainty which the future holds. Speculate on how the person's life would be different if just one or two changes could be made but do not attempt to argue or convince.

Step 7

Evaluate available resources. Help the person to identify and mobilize resources that can lend support during the crisis. Suicidal persons often withdraw from available support just when they need it most. Let the person know that you will help in any way that you can and that others can help also. Strong, stable supports are essential in the life of a distressed individual.

Step 8

Call upon another professional. Call upon whomever is needed depending upon the severity of the situation. Do not try to handle everything alone. Convey an attitude of firmness and self-assurance so that the person will feel that you know what you are doing and that whatever is necessary and appropriate will be done to help.

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School Learning Environments as Reported by Teachers, Parents, and Students

Nicholas Zill and Mary Jo Nolin

Family Goals vs. Peer Influences

American parents who are trying to rear their children in responsible ways do so in the face of peer influences that are sometimes at odds with the goals parents are trying to achieve. The 1993 National Household Education Survey (NHES), a survey sponsored by the National Center for Education Statistics of the U.S. Department of Education, provides several examples of the ways in which families and peers may work at cross-purposes. Two of the examples have to do with health-related behavior, one with striving for academic excellence, and one with conduct in school.

Smoking and Drinking

In the 1993 NHES, of parents with children in grades 6-12. 98% of the parents said "no," it was not all right for their children to smoke cigarettes; 96 % said the same about their children drinking alcoholic beverages. In the same survey, 63% of U.S. high school students said their friends at school thought it all right to smoke cigarettes or chew tobacco; 62% said their friends thought it all right to drink beer, wine coolers, or liquor. Eighty-two percent of high school students said it was "very easy" or "fairly easy" to get cigarettes or tobacco at school; 42% said it was easy to get beer or wine there.

Students from more affluent and educated families were actually more likely to say they had access to cigarettes or alcohol at school than students from families with more modest means. Students in private schools were less likely to report that they had easy access to cigarettes and alcohol at school than students in public schools.

Educational Attainment/Expectations and Realities

In the 1993 NHES, 98% of students in grades 6-12 were expected by their parents to graduate from high school; 88% were expected to attend college; and 74 %, to graduate from college. The current realities are that 87% of students graduate from high school; 49% attend college; and 23% graduate from college.

Peer Support for Achievement and Good Conduct

Only 38% of U.S. students in grades 6-12 said their friends at school thought it very important to work hard for good grades; 30% said their friends at school thought it very important to behave properly in class. More than one third thought that an atmosphere of mutual respect between teachers and students did not exist at their schools.

Asian American students were more likely than other students to report that their friends did support a diligent approach to school work. African American students were less likely than other students to report that an atmosphere of mutual respect between teachers and students existed at their schools.

Students in private schools were more likely than public school students to say that their friends supported hard work for good grades and that an atmosphere of mutual respect existed at their schools. However, private school students were no more likely to report peer approval of good behavior at school.

Parent Involvement

Many educators believe that children are more likely to do well in school if their parents are involved in school activities than if the parents are uninvolved. It is not that having a parent attend PTA meetings leads directly to higher test scores or better conduct marks for the child. Rather, parent participation in school activities is likely to mean closer parental monitoring of what is happening in the school in general and in the child's classroom in particular. This can lead to better coordination of teacher and parent efforts, to greater personal attention for the child from the teacher, and to problems being detected and corrective action being taken before difficulties become too serious. The fact that the parent bothers to get involved communicates to the child that he or she considers school important. In addition, parental participation in organized school activities is usually an indication that the parent provides other forms of encouragement and support for the learning process outside of school.

In the 1993 NHES, parent involvement was measured by asking parents of students in grades 3 through 12 whether they attended PTA meetings; went to school plays, sports events, or science fairs; or acted as volunteers or served on committees at school. Parents who had done none or only one of these things were categorized as displaying a low level of involvement. Those who answered "yes" to two or more of the questions were classified as having a moderate level of involvement, while those who had done all three were said to have a high level of involvement.

Child's Grade Level and Age

In the 1993 NHES, 42% of children in grades 3-5 had parents who were highly involved; 32% of the elementary students had parents who were moderately involved; and 26% had parents who showed low involvement. By contrast, among students in grades 6 -12, 24% had highly involved parents; 33% had parents who were moderately involved, and 43% had parents who showed low involvement.

The percentage of students whose parents were moderately or highly involved in school activities declined from 73% or more at ages 8-11, to 67% at age 12, 57% at age 13, and around 50% at ages 16 and above.

Family Characteristics

Parents with more education tended to be more involved in school activities. Higher income families are more likely to participate in school-related activities than are lower income families; however, parent education is a stronger predictive factor than income.

Single-parent families and step-families tended to be less involved than families in which both birth parents were at home. Working mothers were generally as active as mothers who were full-time homemakers, but those who worked part-time were more active than those who worked full-time.

Public and Private Schools

Among students in private schools, 54% had parents who were highly involved in school activities, whereas among public school students, only 22% had parents who were similarly involved. The percentage at least moderately involved was 84% for private school parents and 55% for public school parents.

Relationship to Student Achievement and Behavior

Students whose parents showed low school involvement were twice as likely to have repeated a grade (25% versus 11%) and three times as likely to have been suspended or expelled from school (21% versus 7%) as students with highly involved parents.

Student participation in school-related activities, such as sports teams, bands or chorus, school clubs, or student government, was 91% among students with highly involved parents; 80% among students with moderately involved parents; and 51% among those whose parents showed low involvement. Participation in activities outside of school was 79% among students with parents who were highly involved; 64% among students with moderately involved parents; and 42% among students whose parents showed low involvement.

Parent involvement was related to student outcomes even when factors like parent education, income, and race were controlled.

The Reports of Teachers, Parents, and Students on School Environment

In the 1990-91 academic year, elementary and secondary teachers were surveyed on the learning environments at their schools with a particular emphasis on safety (FRSS:42). Their reports can be compared with those of parents of students in grades 6-12 and those of students in grades 6-12 who were surveyed in 1993 (NHES:93) in three broad areas: (a)student misbehavior, (b)student disruptive behavior, and (c) the impact of alcohol or drugs at school.

Interference with Teaching and Learning

A substantial minority of teachers, 44%, reported that student misbehavior, which included talking in class, disrespect, cutting class, etc., interfered with their teaching. About one third said that disruptive behavior on the part of their students, that is, serious or unlawful behavior, interfered with their teaching.

Teachers were much more likely to view student misbehavior as a problem that interferes with their teaching than were parents to view it as a problem interfering with their children's ability to learn. Similarly, a greater percentage of teachers than parents reported that disruptive behavior on the part of students was a problem for the learning environment.

Only a small minority of teachers and parents reported student alcohol or drug use interfered with teaching or learning. Teachers reported on alcohol and other drugs separately, and 5% rated each as a serious or moderate problem. When parents were asked about both kinds of substance together, 4% indicated that student use of these substances interfered with their children's ability to learn.

Unlawful Behavior at School

Teachers were asked whether physical conflicts among students, student possession of weapons, and sale of drugs on school grounds were problems in their schools. Twenty-eight percent reported that physical attacks were a serious or moderate problem, 5% reported that students carrying weapons were a serious or moderate problem, and 6% reported that the sale of drugs on school grounds was a serious or moderate problem.

Parents and students were asked about their awareness (a) of physical attacks at school, (b) students bringing weapons to school, and (c) drugs being sold on or in sight of school property. Approximately 25% of parents had knowledge of physical attacks or weapons at school, while 15% reported knowing about drug dealing at or near school. Students were more likely than parents or teachers to report knowing about physical attacks or other students bringing weapons to school; approximately 40% reported knowing about both types of incident. Only 3% of students in 6th -12th grade said that they had brought some type of weapon to school to protect themselves.

Teachers were less likely than both parents and students to report the sale of drugs at school.

Students attending middle/junior high schools and senior high schools were more likely than students attending elementary schools to report that they knew about physical attacks at their school. Nearly half of students attending senior high schools reported that other students brought weapons to school. The percentage was significantly different from the percentage of students in other grade levels. Senior high school students were also at least two times more likely than others to report drug dealing at their schools. Students attending private schools, when compared to public school students reported each of the three types of unsafe incidents approximately twice as often. Physical attacks, weapons, and the sale of drugs were reported by a greater percentage of students attending large schools than those at smaller schools.

Harm or Harassment at School

According to the students who participated in qualitative research for the 1993 NHES, bullying was the most common incident to be reported by 6th-12th grade students, whereas robbery in school was relatively rare.

When these types of incident are considered together, approximately 70% of students knew about harm or harassment at school, and about half had witnessed one or more types of incident.

Somewhat surprisingly, only about one fourth of students reported worrying about being bullied, attacked, or robbed. Twelve percent of students, or one out of eight, said they had been personally and directly victimized at school.

Students attending public schools were more likely to know about harm or harassment at school, to have witnessed incidents, to fear becoming victims, and to have been victimized than were students attending private schools.

Strategies to Avoid Harm at School

Students were asked whether they took steps to avoid trouble at school or on the way to or from school. The strategies included taking a special route to get to school, staying away from certain places in the school or on the school grounds, staying away from school-related events during the day, staying in a group while at school, and staying home from school.

The most common strategy was to stay in a group while at school, employed by about 40% of students. Few students reported taking a special route to get to school (5%), skipping school (7%), or staying away from school-related events (8%). It was more common for students to stay away from certain places in the school, and to stay away from places on the school grounds.

When the six strategies to avoid harm are considered as a whole, however, about half of 6th -12th grade students said they did not do any of these things to avoid trouble at school. Of those students who said they use strategies to avoid harm or harassment at school, most use more than one. About one student in five reported staying in a group as the only strategy employed, in the 5% reported only using one of the other strategies.

School Discipline Policies

One way in which schools are responding to concerns about the behavior of students is by formulating and disseminating a written school discipline policy.

Ninety-five percent of both teachers and parents reported that their schools have a written discipline policy. In 1990-91, about 80% of teachers said their school discipline policy addressed alcohol and drugs; in 1993, 90% of parents said the discipline policy at their child's school covered those substances.

Students typically agreed with positive statements about their school discipline policy. About 80% or more agreed or strongly agreed with the following statements: (a) everyone knows the school rules (90%), (b) the school rules are fair (80%), (c) the punishment for breaking school rules is the same no matter who you are (80%), (d) the school rules are strictly enforced (81%), and (e) students know the penalty for breaking school rules (83%). Only 13% of students reported that their school discipline policy includes spanking or paddling as a punishment for breaking rules.

Senior high students were less favorable in their assessment of certain aspects of school policy than were elementary or middle/junior high students. They were less likely to agree that: (a) their school rules were fair, (b) the punishment is the same for everyone, and (c) the rules are strictly enforced. Public school students also had less favorable views than private school students regarding whether the punishment is the same for everyone and whether the rules are strictly enforced. They also were less likely to say that everyone in their school knows what the rules are.

Alcohol/ Drug Education

Another way that schools are working to improve the learning environment for their students is by providing alcohol and drug education programs for their students. The findings from the NHES 1993 indicate that they are providing it in a variety of ways and that it has an impact on the attitudes of youth.

About 80% of 6th-12th grade students reported having participated in some type of alcohol/drug education program during the current school year. Since data were collected from January through April, more students may have received alcohol and drug education before the end of the school year. More than half of students reported participation in more than one class or activity that provided alcohol and drug education.

Alcohol and drug education appears to have an impact on student acceptance of substance use. Students who reported receiving alcohol and drug education in the current year were less likely to say that their friends approved of using tobacco products, marijuana, or other drugs. There was no significant difference in peer approval for drinking alcohol, however. Students were also asked to report the main message about using alcohol that they heard in school alcohol/drug education programs. About 60% said that message is "Do not drink and drive." About one fourth of students said the main message is "Do not drink."

When the main message about alcohol is taken into consideration, variations in peer approval of alcohol emerge. Only 31% of students who remembered the main message "Do not drink" said that their friends approve of drinking alcohol. Among other students, reports of peer approval of drinking alcohol were higher. Forty-nine percent of students who remembered "Do not drink and drive" and 44% who recalled another main message about drinking said that their friends approve of drinking alcohol.

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Reports Released By NCES

Teacher Survey on Safe, Disciplined, and Drug-Free Schools (November 1991; NCES 91-091).

Public School Principal Survey on Safe, Disciplined, and Drug-Free Schools(February 1992; NCES 92-007).

Public School District Survey on Safe, Disciplined, and Drug-Free Schools (April 1992; NCES 92-008).

Parent and Student Perceptions of the Learning Environment at School(September 1993; NCES 93-281).

[1] Schools were categorized according to the highest and the lowest grade taught at the school. Elementary schools are those in which the lowest grade is 3 or less and the highest grade is 8 or less. Middle or junior high schools have a lowest grade of 4 through 9 and a highest grade of 4 through 9. Senior high schools have a lowest grade of 7 through 12 and a highest grade of 10 through 12. Schools with lowest and highest grades that did not fit into these categories are categorized as "other combination."

Figure 1. Percentage of parents and students who thought it was all right for students to smoke or drink alcohol, U.S. students in grades 6-12, 1993

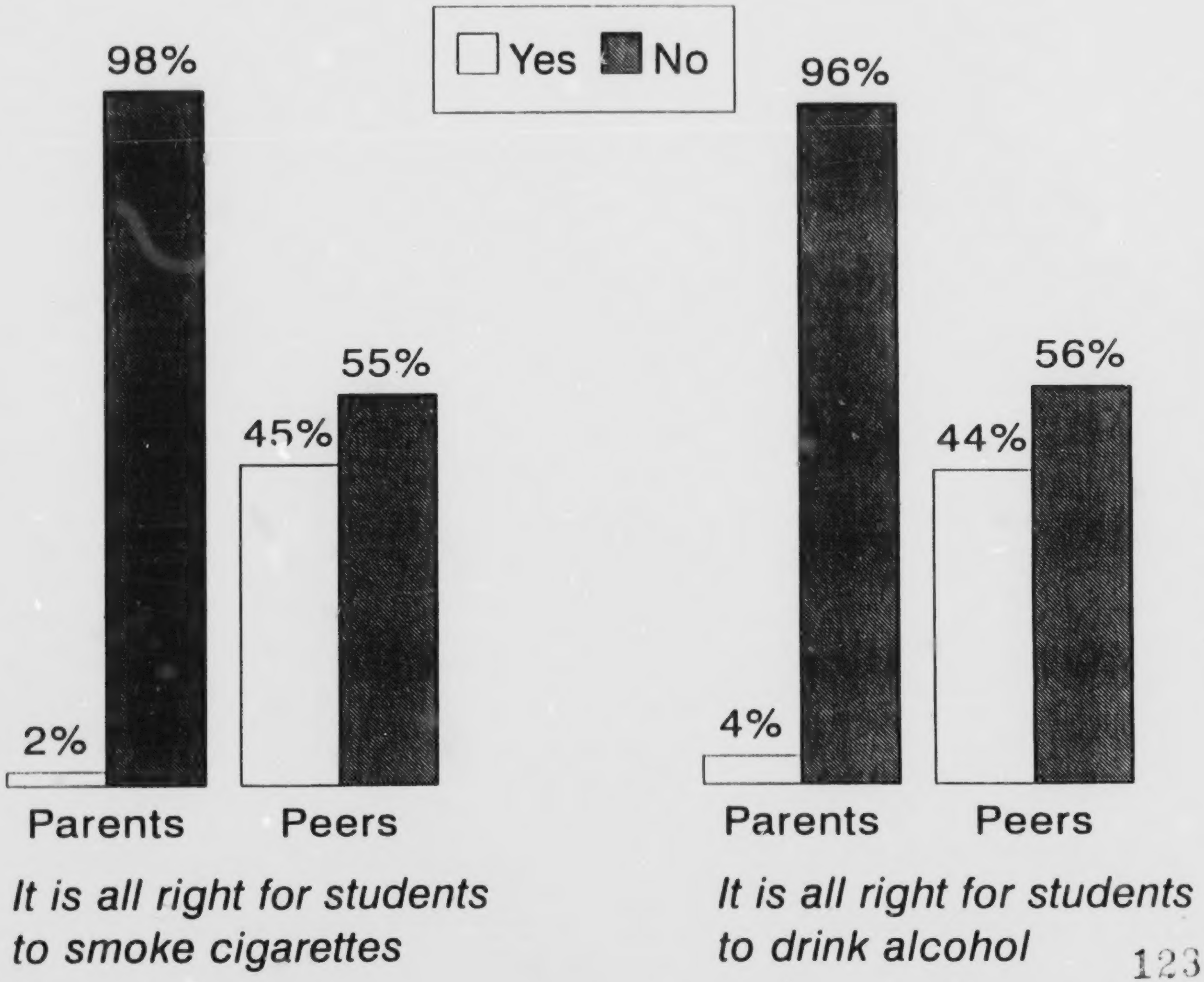


Figure 2. Percentage of students reporting peer approval of smoking and easy availability of cigarettes at school, by school grade level, U.S. students in grades 6-12, 1993

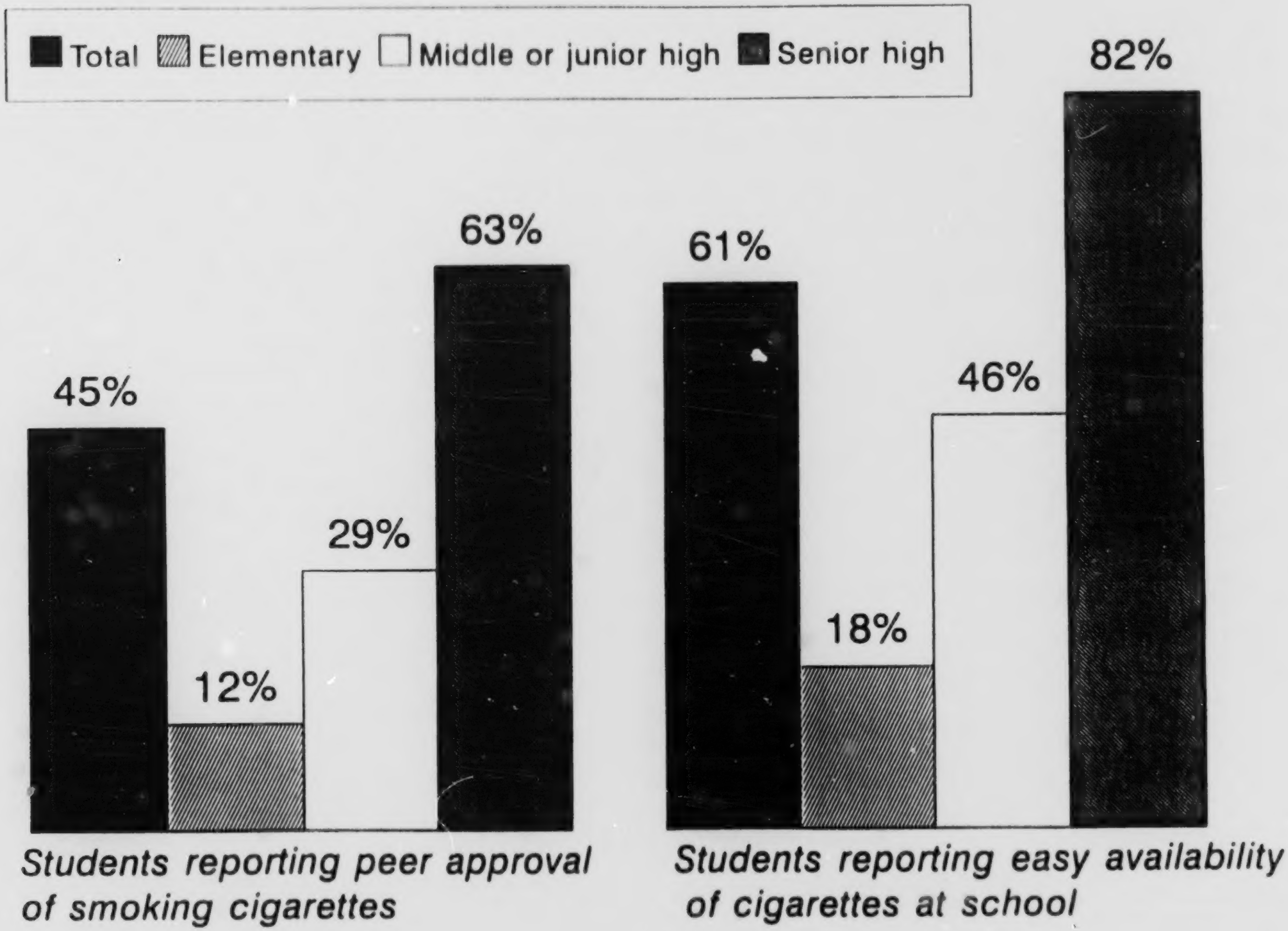


Figure 3. Percentage of students reporting peer approval of drinking alcohol and easy availability of alcohol at school, by school grade level, U.S. students in grades 6-12, 1993

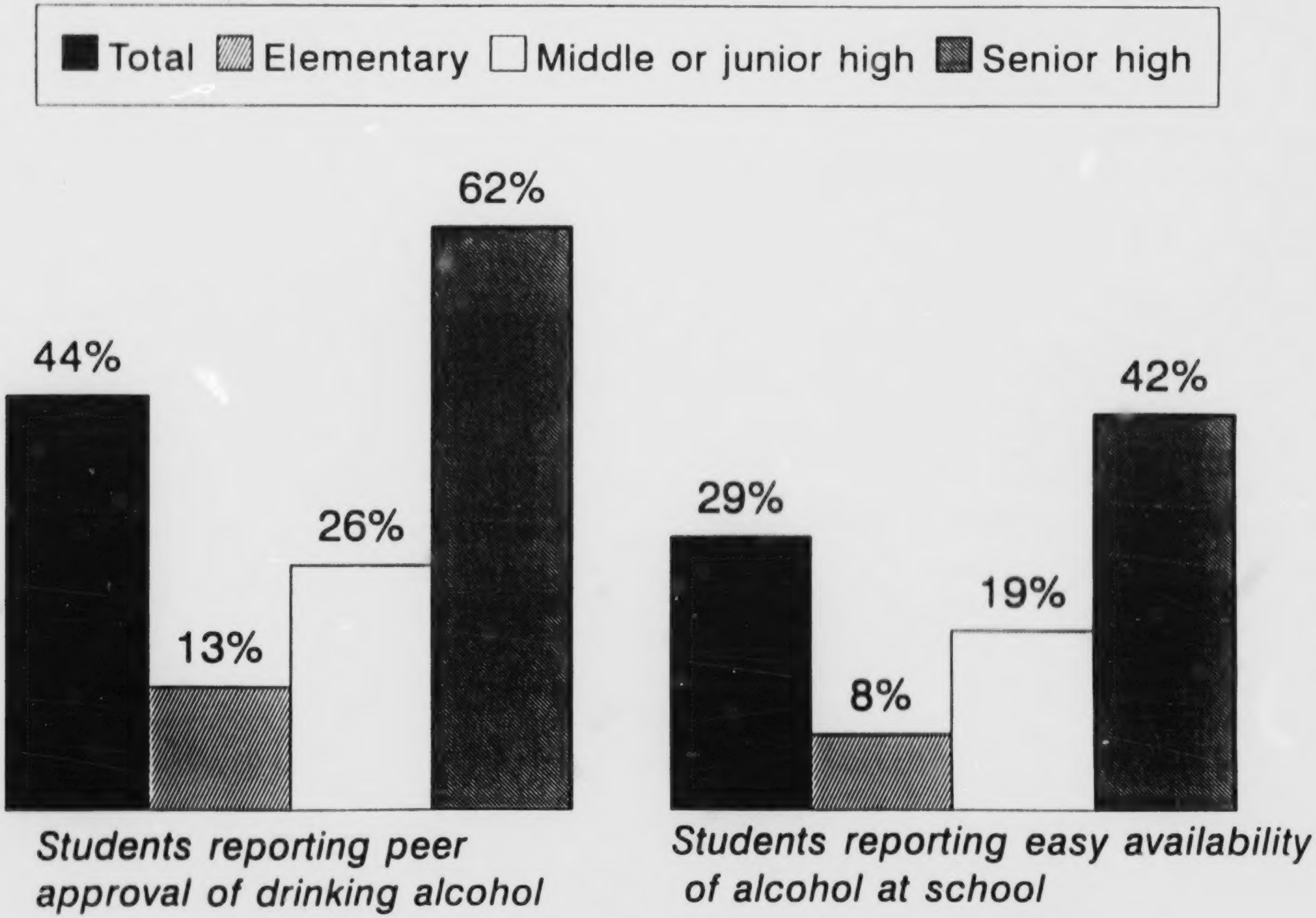


Figure 4. Percentage of students reporting peer approval and easy availabilty at school for cigarettes or alcohol, by school type, U.S. students in grades 6-12, 1993

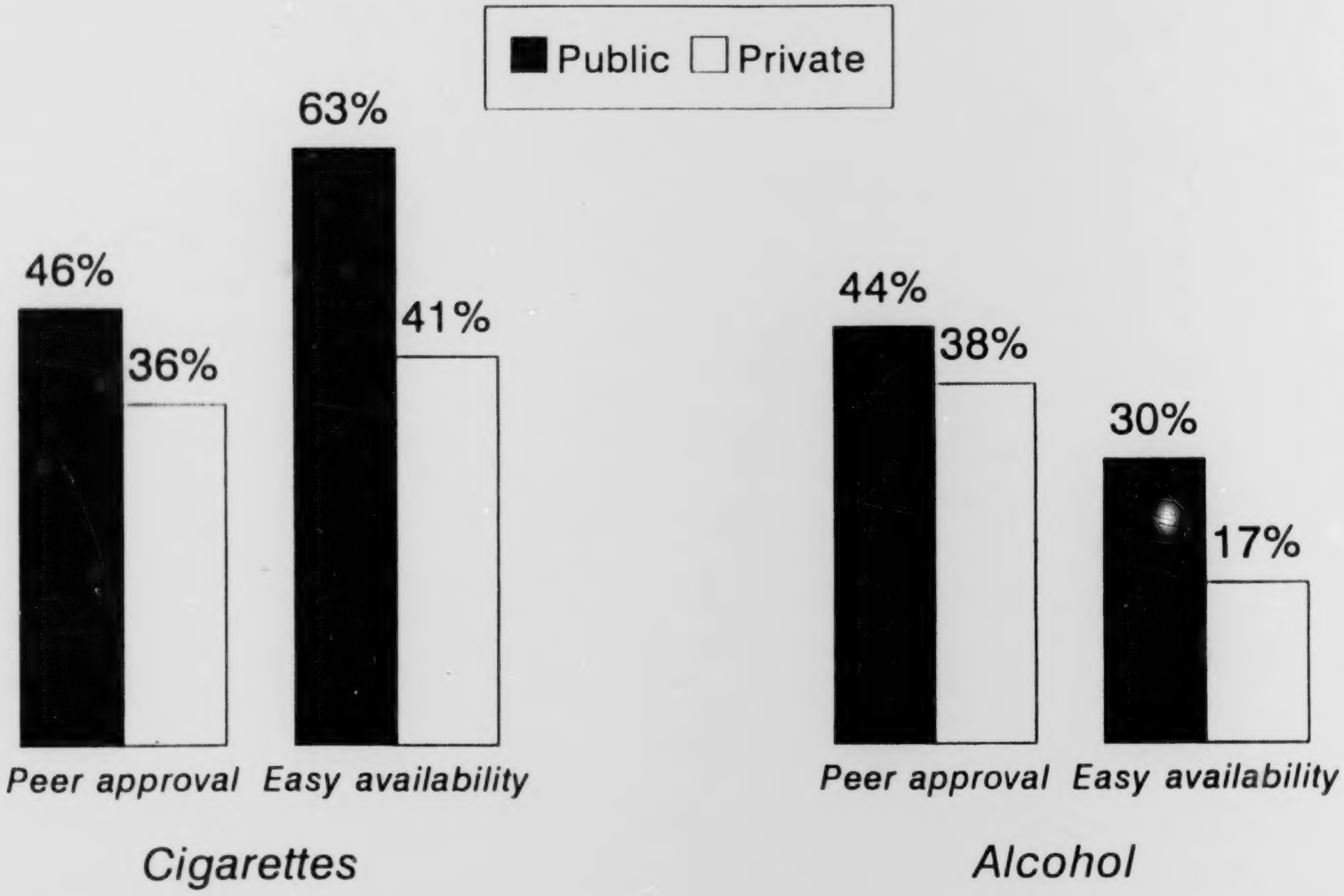


Figure 5. Parent expectations of educational attainment of their children compared with reality of attainment of U.S. adults aged 25-34 years, 1993

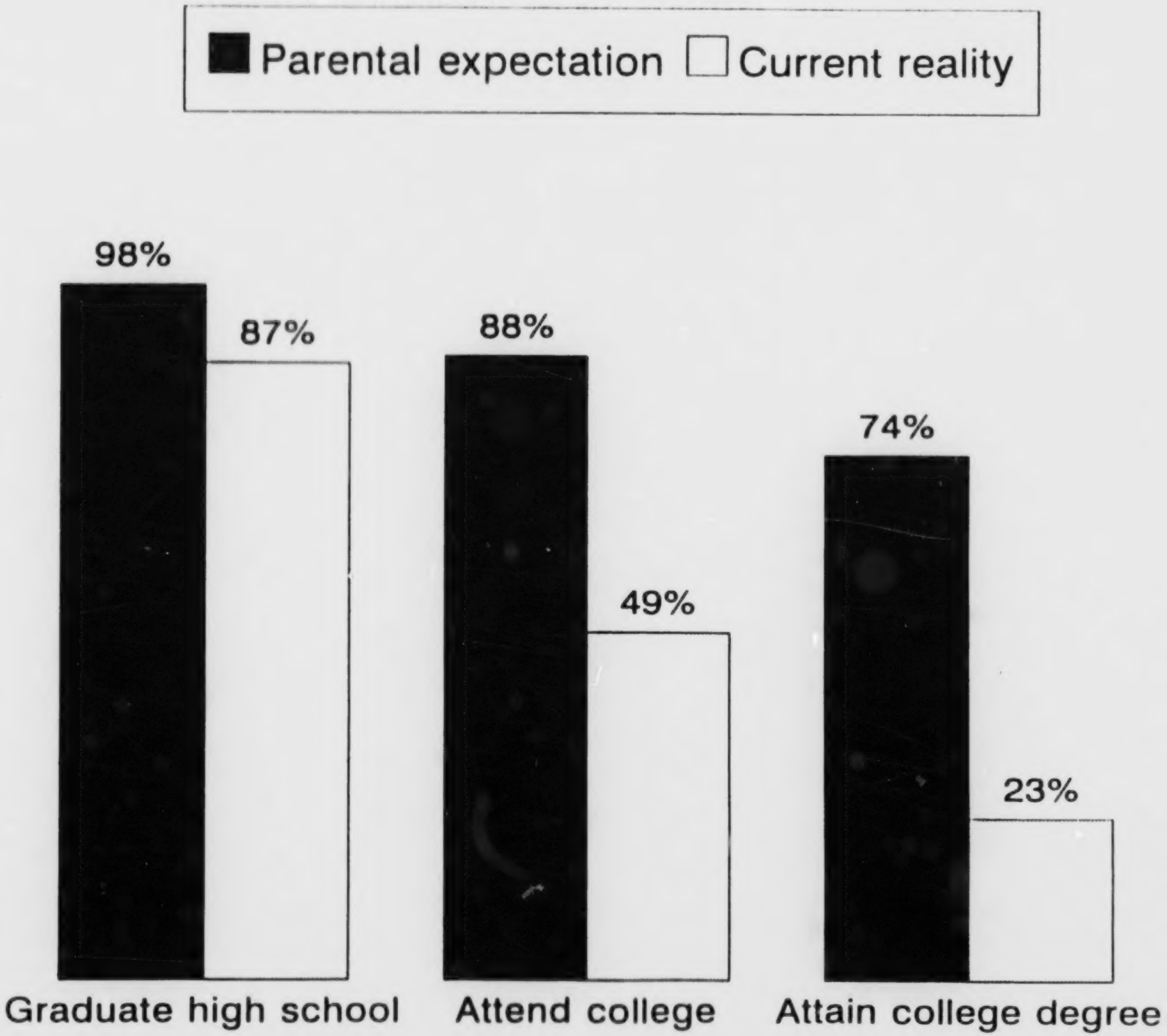


Figure 6. Percentage of students reporting peer approval of hard work and good behavior, by race/ethnicity, U.S. students in grades 6-12, 1993

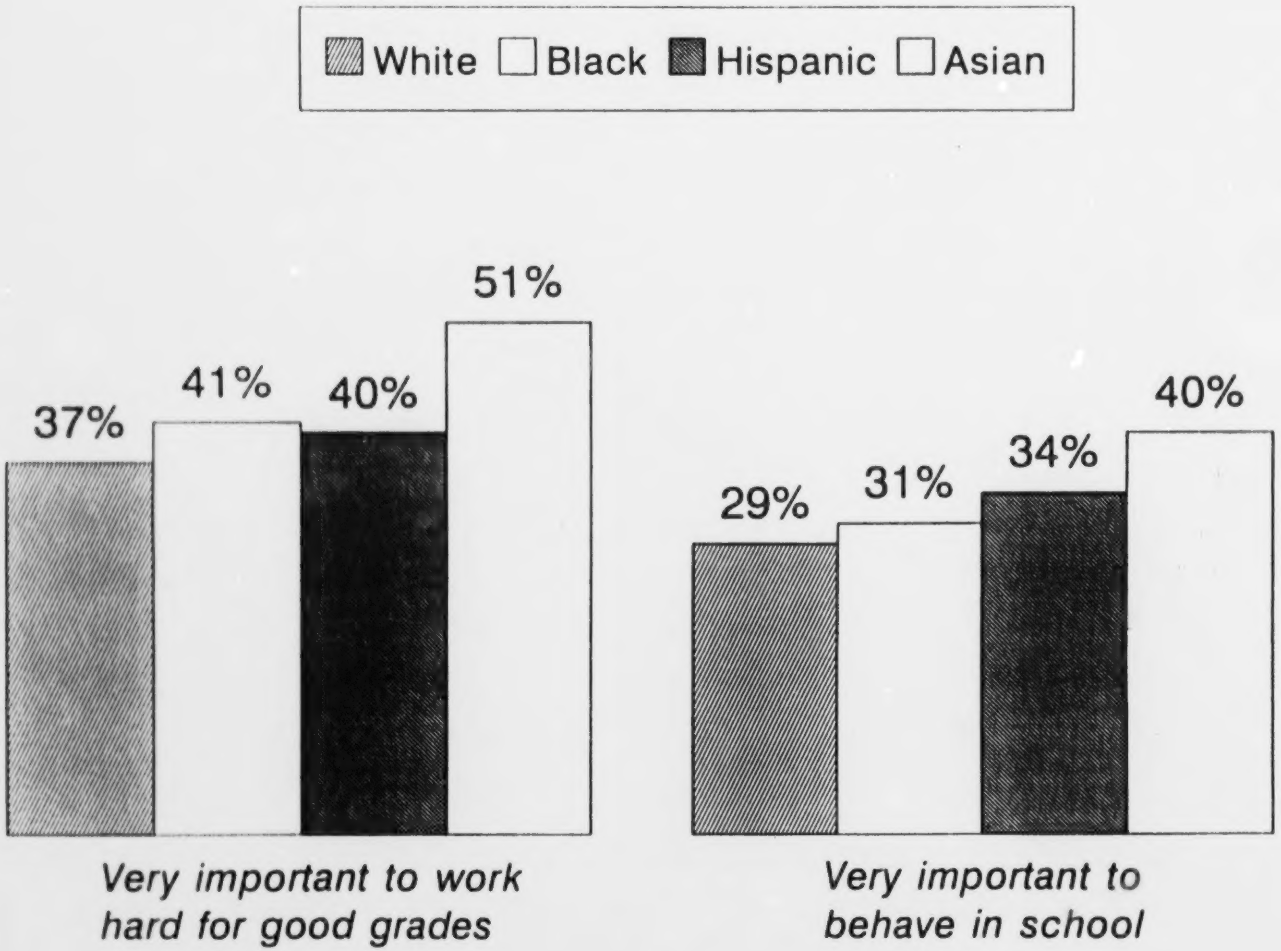


Figure 7. Percentage of students reporting peer approval of hard work and good behavior, and mutual respect at school, by school grade level, U.S. students in grades 6-12, 1993

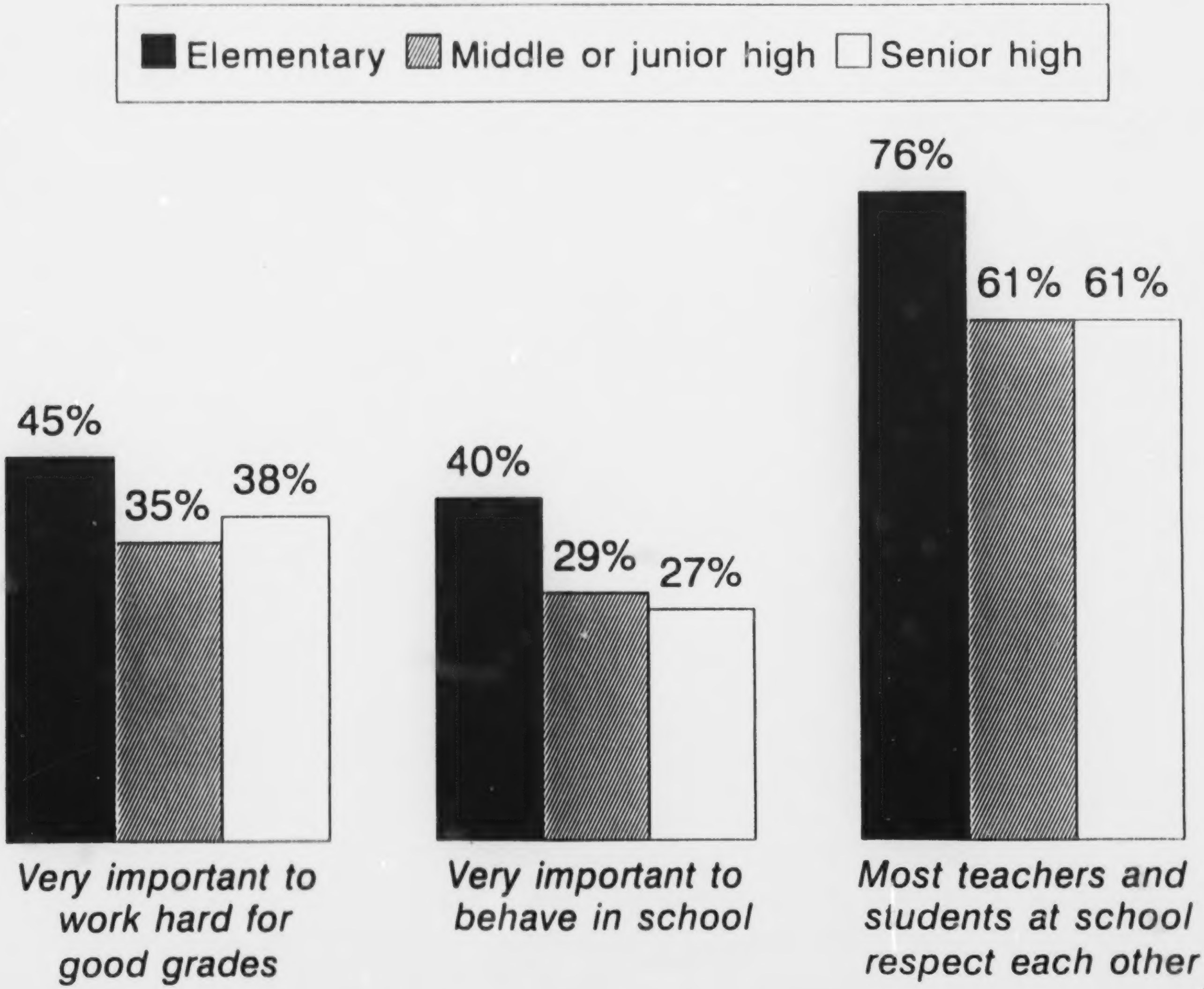


Figure 8. Percentage of students reporting peer approval of hard work and good behavior, and mutual respect at school, by school type, U.S. students in grades 6-12, 1993

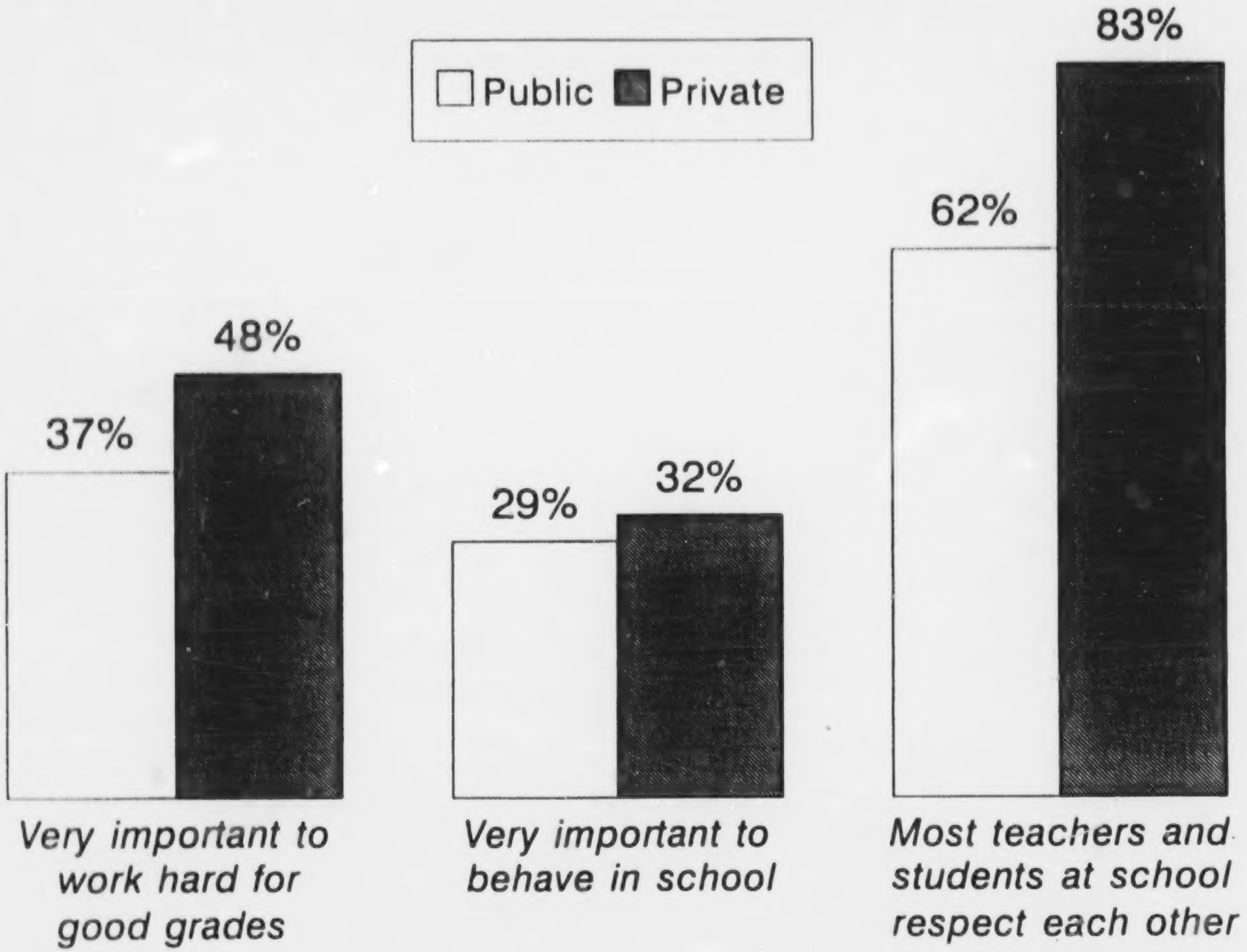
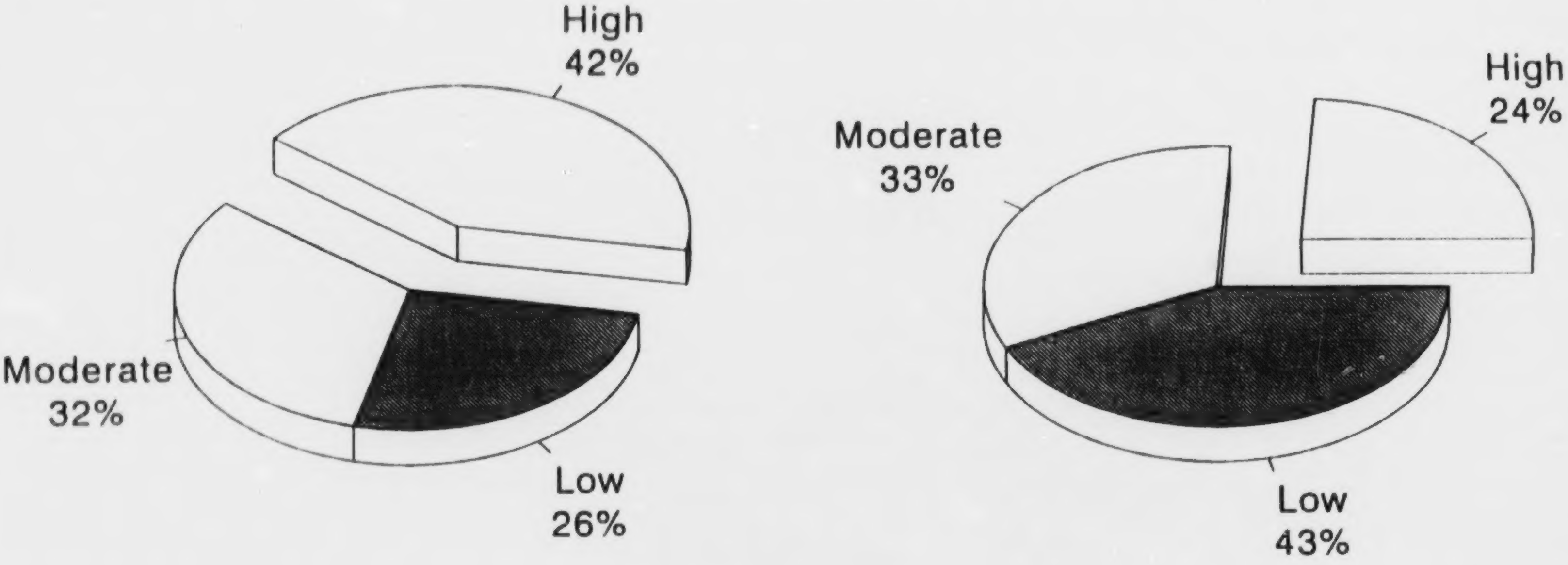


Figure 9. Level of parent involvement in school activities for U.S. students in grades 3-5 and 6-12, 1993



Students in grades 3-5

Students in grades 6-12

Figure 10. Percentage of U.S. students in grades 3-12 whose parents report moderate or high involvement in school activities, by age of child, 1993

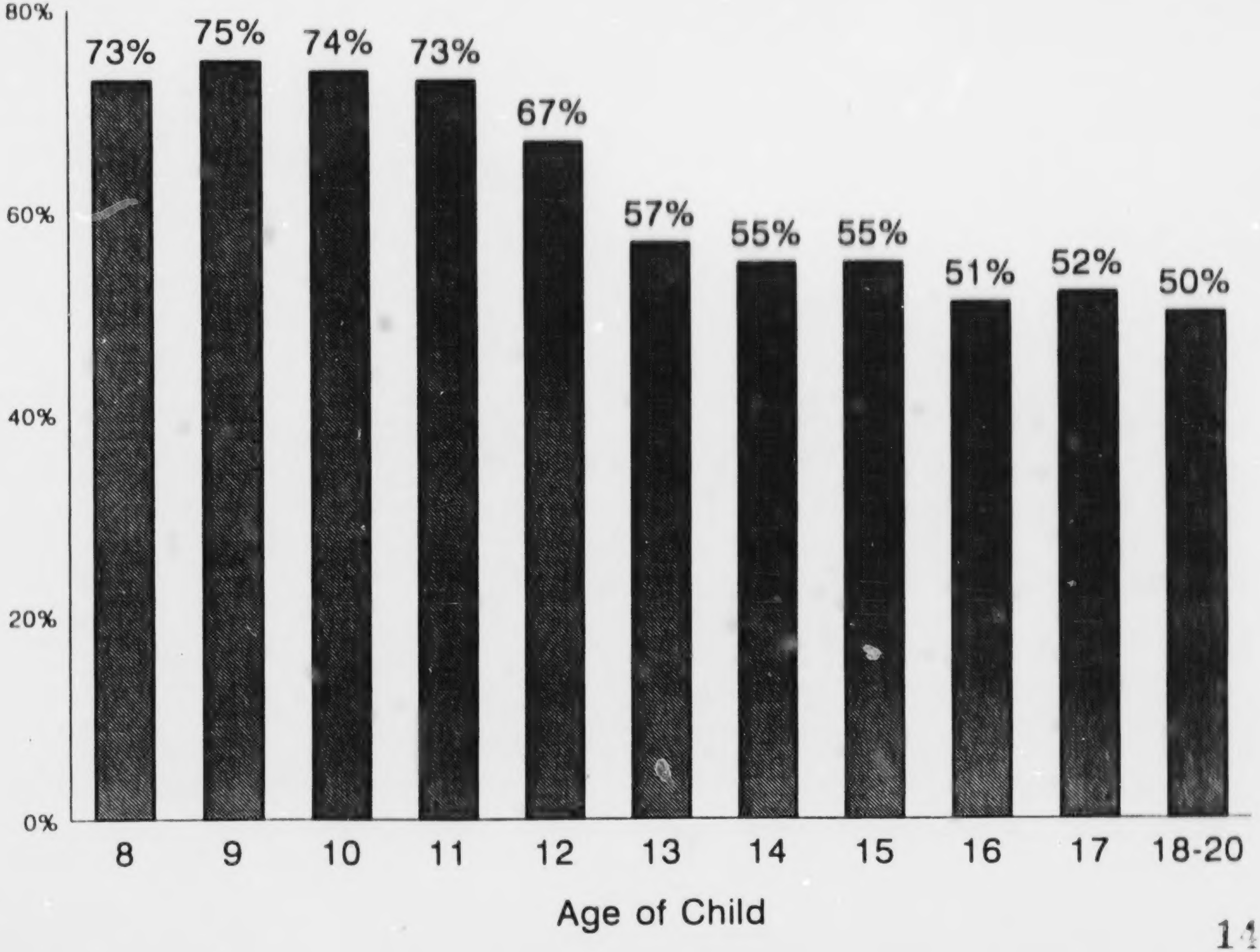
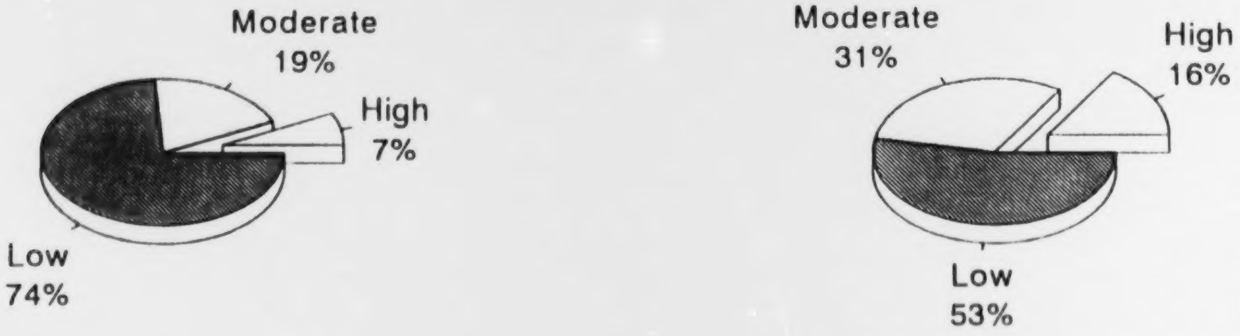
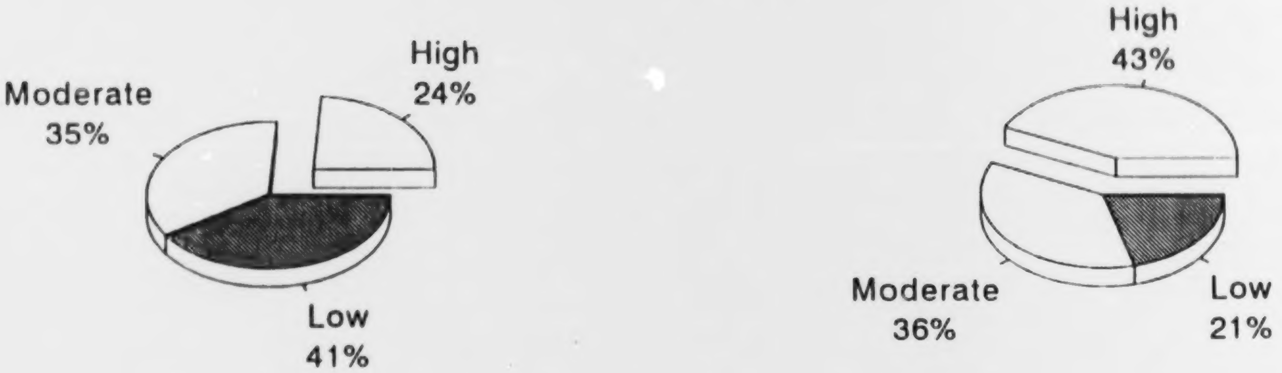


Figure 11. Level of parent involvement in school activities by parent education level, U.S. students in grades 6-12, 1993



Less than high school

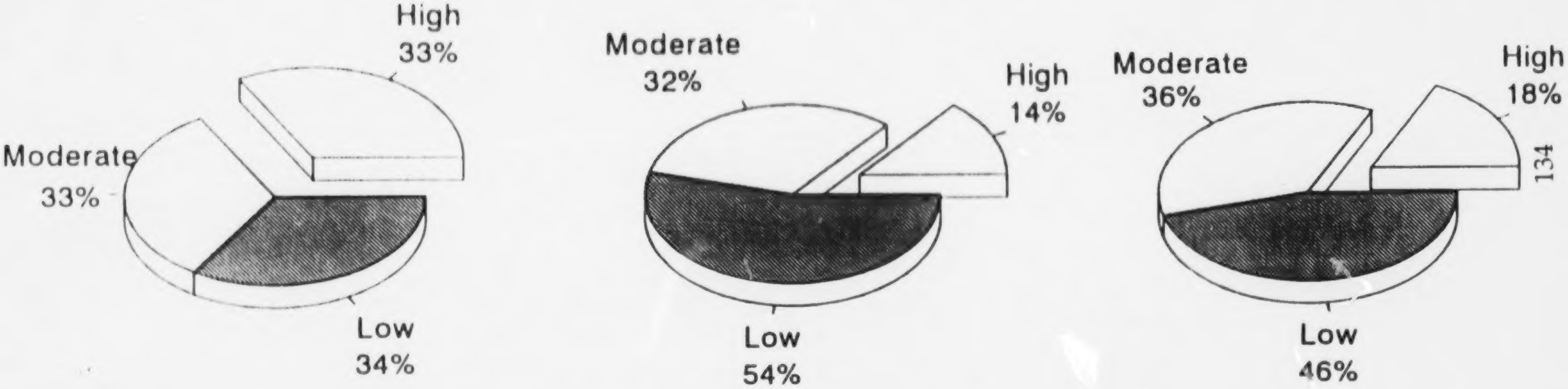
High school graduate



Some college

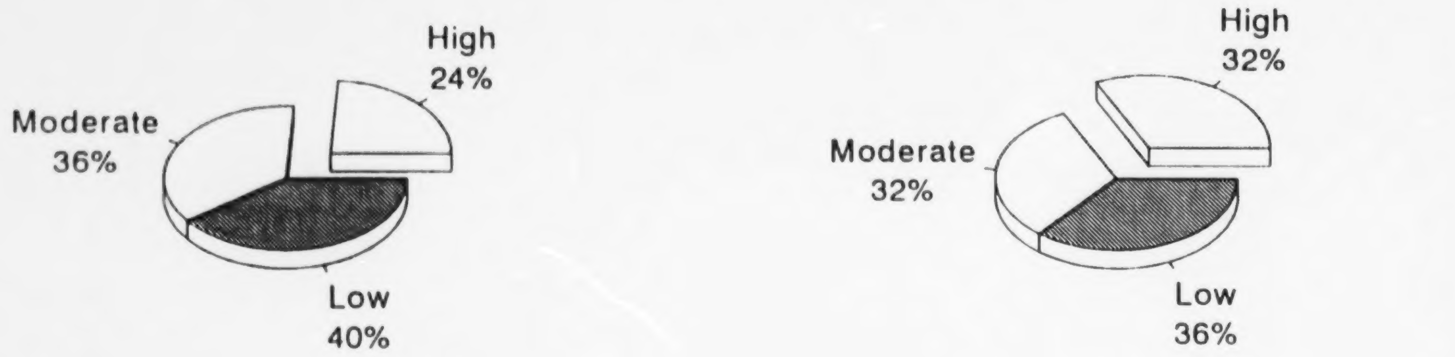
College grad or more

Figure 12. Level of parent involvement in school activities by family type, U.S. students in grades 6-12, 1993



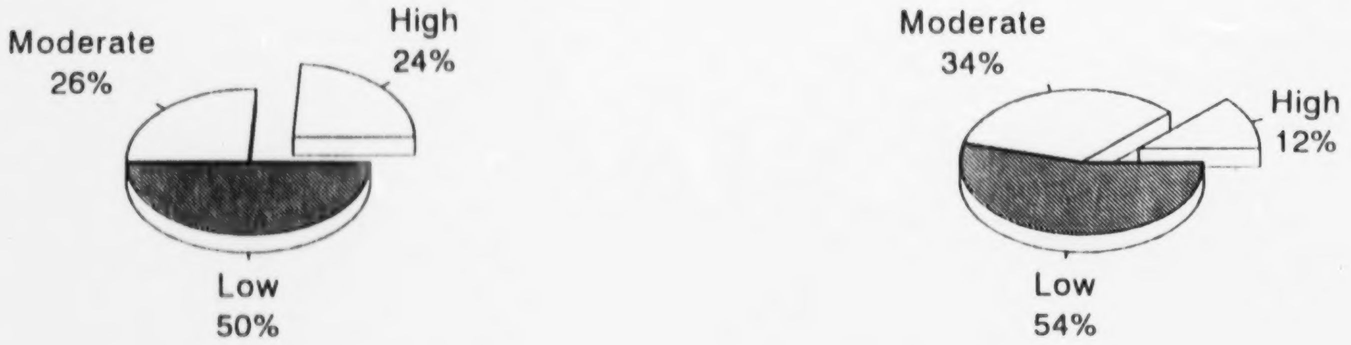
Mother-Father families ***Mother-only families*** ***Mother-Stepfather families***

Figure 13. Level of parent involvement in school activities by mother's employment, U.S. students in grades 6-12, 1993



Mother works full-time

Mother works part-time



Mother not in labor force

Mother looking for work

Figure 14. Level of parent involvement in school activities by school type, U.S. students in grades 6-12, 1993

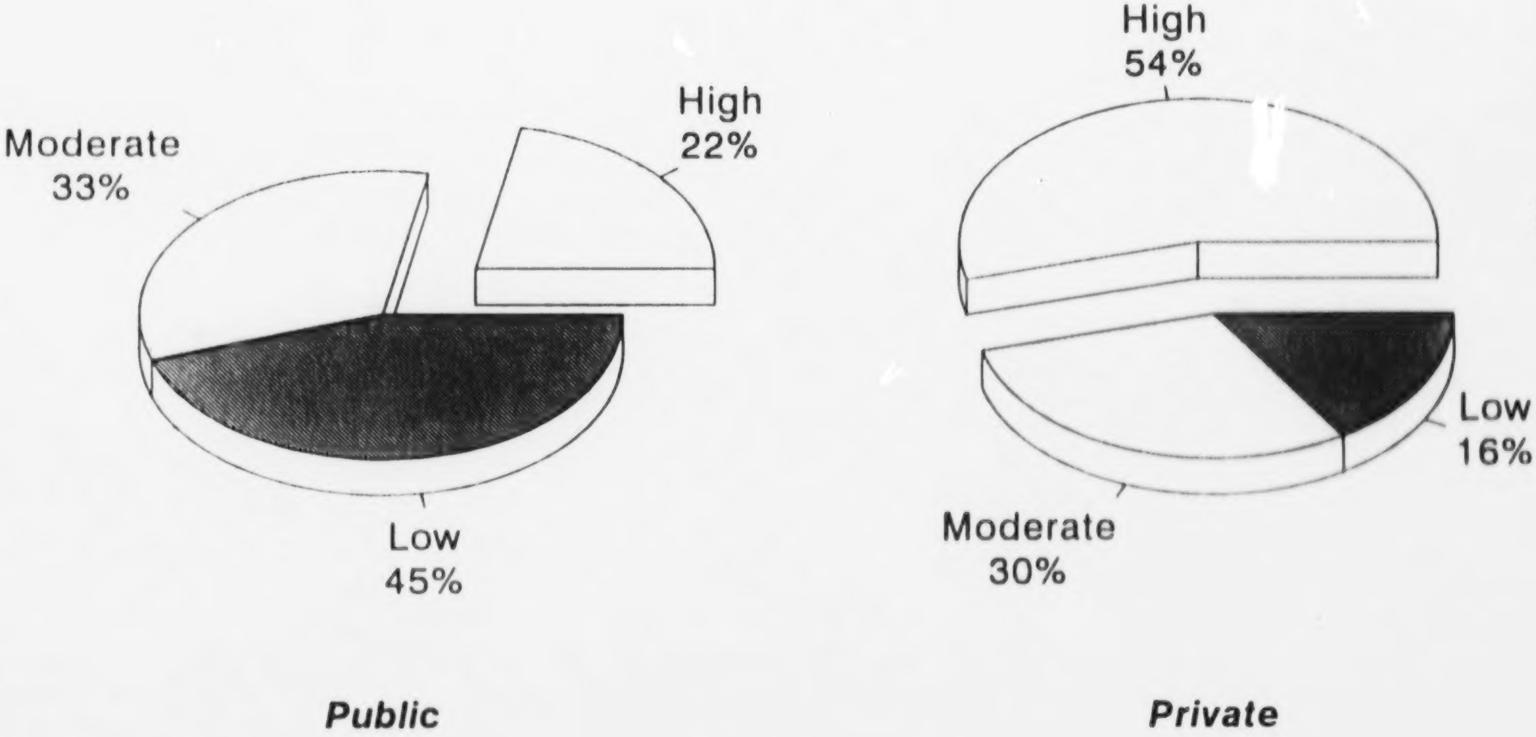


Figure 15. Percentage of children experiencing problems in school, by level of parent involvement, U.S. students in grades 6-12, 1993

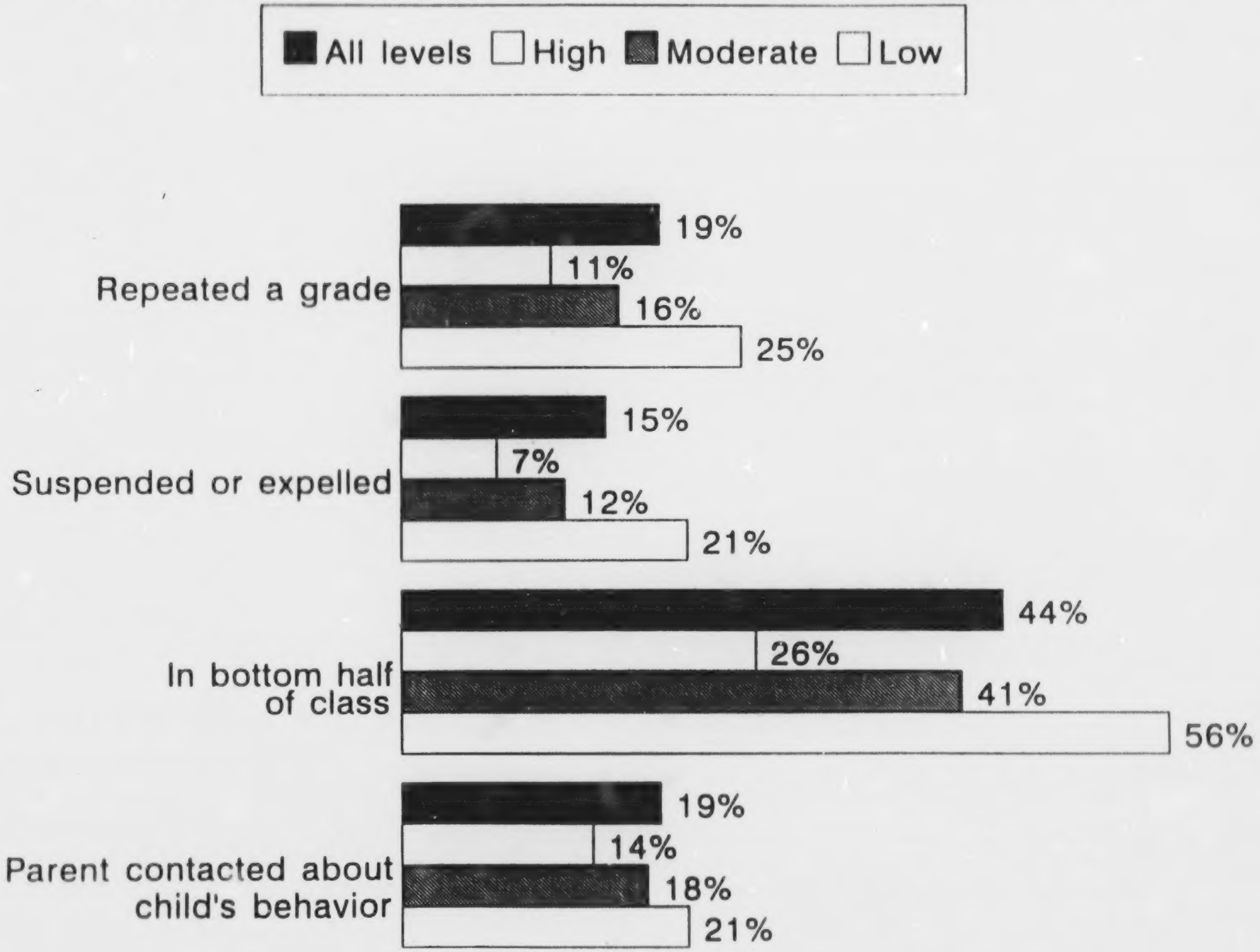
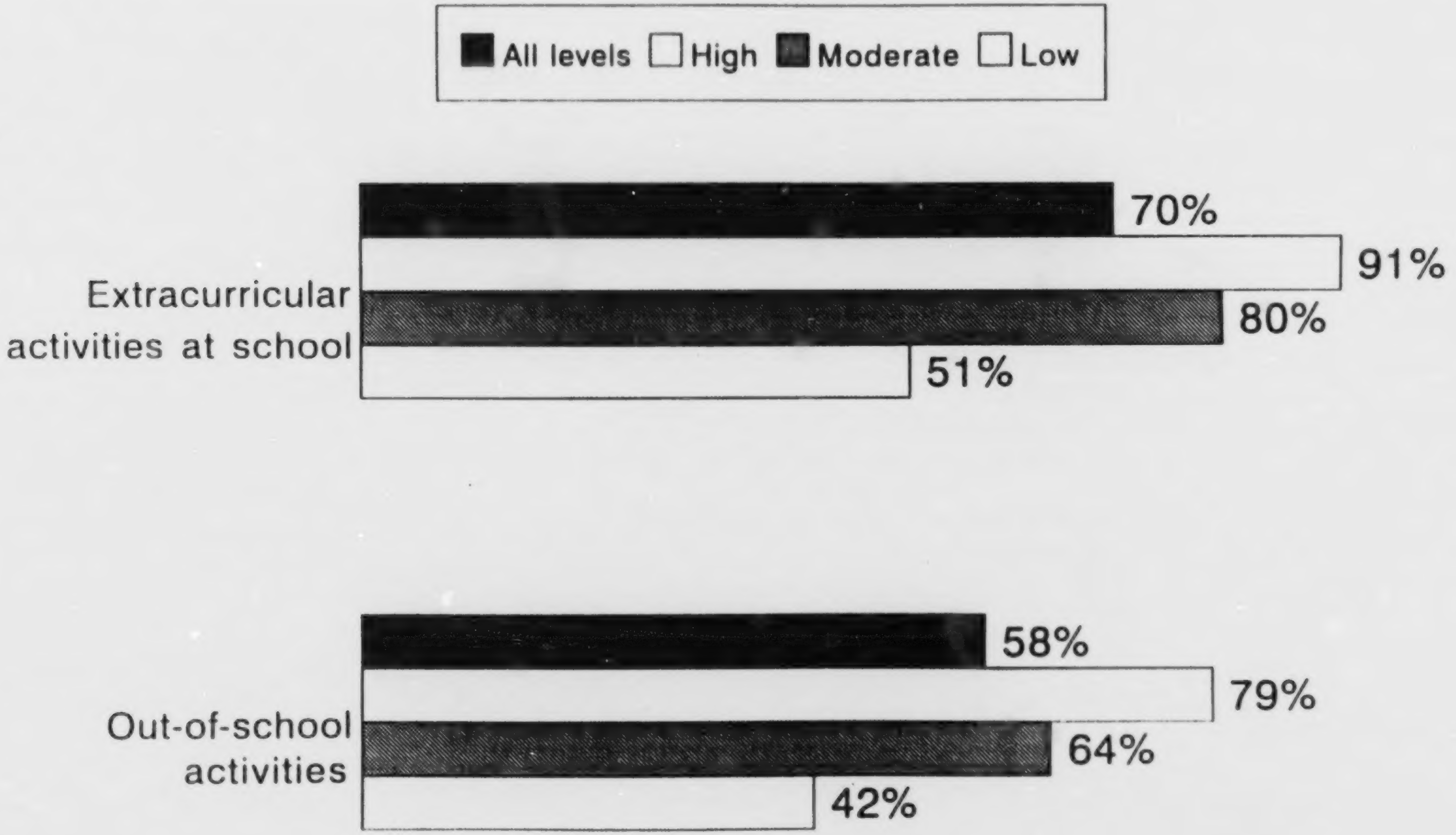


Figure 16. Percentage of children participating in group activities, by level of parent involvement, U.S. students in grades 6-12, 1993



Developing a Seamless System for Meeting the Needs of Young Children Affected by Alcohol and Other Drugs Through Training and Technical Assistance

Anastasia Antoniadis

On any given day, somewhere within the developmentally appropriate classrooms of the United States, you might see three, four, and five year old children affected by alcohol and other drugs starting their day in morning meeting circle time, hugging their neighboring peer, and letting them know, "Good morning. I'm so glad you're here today!"

On that same day, during one of the many the inservice trainings held by school districts around the country, you might hear a trainer address an audience of overworked and overburdened teachers about the terrible new problem they face by the coming of age of so-called "crack babies"[1] in their communities and the monumental challenges these children will exhibit as they enter their classrooms.

How can we assure the children of this nation free and appropriate education environments where all children deserve to thrive? Free that is of myths, distortions of the truth, and failed beliefs; and appropriate, that is educationally and developmentally appropriate to meet the needs of each individual child.

One answer is by providing continuous support through training and technical assistance to the teachers and providers who serve our children and their families.

My discussion with you today will present a cross-agency model of training and technical assistance that we have been using in the Commonwealth of Pennsylvania for the past three years which prepares preschool teachers, therapists, social workers, drug treatment providers, parents, administrators, service coordinators, and even bureaucrats to work with and to better understand children and families affected by alcohol and other drugs.

I would like to begin with a brief background of our program, the Family Focused Early Intervention System (FFEIS) of Pennsylvania. This program, funded by federal and state dollars, is the result of interagency collaboration among the Pennsylvania Departments of Health, Education, and Public Welfare. When people ask me for whom do I work, and I begin to explain, most are amazed. "You mean all three actually talk to one another?" The answer, in Pennsylvania, is yes!

Consultants are assigned to specific counties, grouped by various colors you see on the map, where they serve as advisors and liaisons to regional and state authorities. The role of the consultant is strongly intertwined with the role of Local Interagency Coordinating Councils (LICCs), whose task it is to insure that early intervention services for children birth to school age are being provided appropriately in their own communities. These LICCs are represented by professionals in the early intervention community and by parents or consumers of service. FFEIS consultants work with the LICCs in their assigned counties, assisting them in prioritizing needs, identifying areas of technical assistance needs, securing training, facilitating local community collaboration, and helping with early intervention policy interpretations.

In addition to the county-specific consultants, there are consultants who specialize in the areas of inclusion, developmentally appropriate practices, assistive technology for babies, toddlers, and preschoolers, and programs for children and families affected by alcohol and other drugs. I am one of the specialized consultants in the latter group.

Initially, when a consultation service for children and families affected by alcohol and other drugs was created, two state consultants, Deb Daulton and myself, were charged with determining the numbers of "crack babies out there" to help prepare for what was to come in Pennsylvania schools. We turned that charge into a needs assessment which encompassed a variety of investigatory issues. We undertook that statewide needs assessment at the request of the Pennsylvania Secretary of Health, Bureau Chiefs of Special Education and of Student and Community Services, and from the Deputy Secretary of Mental Retardation.

We held interviews with key informants; analyzed data from hospitals, agencies, and state and local health departments; conducted focus groups with recovering women and grandparent caregivers of affected children; mailed out a provider questionnaire survey; and held a stakeholders' meeting. Through these means of information gathering, we attempted to document the number of new cases of infants prenatally exposed to drugs, the needs of these children as they entered Pennsylvania's early intervention programs, and the needs of the providers who were to serve them.

Components of PRECEDE, a model for health promotion and planning, were utilized in this needs assessment. PRECEDE is a framework which takes into account the multiple factors that "shape health status and helps the planner arrive at a highly focused subset of those factors as targets for intervention" (Green & Kreuter, 1991, p. 21). PRECEDE allows for comprehensive planning within a variety of situations.

For our purposes, we utilized four of the PRECEDE phases: (a) the social diagnosis, (b) epidemiological diagnosis, (c) educational and organizational diagnosis, and (d) the administrative and policy diagnosis.

(1) *Social diagnosis.* The social diagnosis measures quality of life factors affecting the population under study. In our case, we were targeting children and families affected by alcohol and other drugs. We learned a great deal about this by listening to those who participated in our focus groups.

The major issues raised by recovering women and family members dealt with lack of employment opportunities after drug rehabilitation, lack of availability of drug-free and safe housing, insensitive and inappropriate education for the survivors of addicted families, (i.e., the children of addicts), reunification of families torn apart by the disease of addiction and less dependency on the foster care system, discrimination—both as a person of color and as a person in recovery—in a variety of settings, and recovery from partner abuse and violence. While this list is quite extensive to us as consultants within an early childhood technical assistance system, it became clear that concerns for the education of preschool children affected by alcohol and other drugs extended well beyond the walls of the classroom. To these families, staying clear and sober while having the stresses of unemployment, safe housing, physical or sexual abuse, or the fear that their children will develop a drug habit to contend with was their daily reality. We would be irresponsible as consultants in training and technical assistance if we did not acknowledge and respect the importance of these issues when planning training programs for our providers.

(2) *Epidemiological diagnosis.* This measures health problems contributing to the quality of life issues. For this, we considered indicators of morbidity, such as drug-related births and their sequelae, rate of women entering drug treatment programs, etc.

We were able to obtain data from the Pennsylvania Center for Health Statistics and Research. They provided us with a statewide breakdown of admissions to drug treatment programs so we were able to look for trends. This allowed us later to tailor our trainings to the trends of given communities. For example, while cocaine is the primary drug of choice in southeastern Pennsylvania, alcohol and marijuana are the most frequent drugs of choice in the northeastern areas of the state. Also, due to the changes made in birth certificates and the federal requirements to report information, we were also able to obtain data on the number of drug-related births. While these figures are considered an underestimate, due to methodological problems of data collection, it nevertheless gave us valuable information which we could share with our constituents within the early intervention community. We considered enrollments in early intervention programs but our statewide database was not fully operational at the time. We also considered smoking rates of pregnant women, data which is considered rather reliable in our state. Smoking and its effects on child development and learning are often ignored. We chose to include tobacco in all trainings on the effects of substances of abuse.

(3) *Educational and organizational diagnosis.* This refers to an understanding of the predisposing, enabling, and reinforcing factors which, if modified, would bring about desired changes. For example, affective traits of providers, their knowledge and skill level, and the reinforcing factors which offer feedback, (e.g.) belief systems held by parents, foster parents, and the community at large, regarding children prenatally exposed to alcohol and other drugs. Much of this information was gathered via survey questions.

Here is where we learned the most about the pervasiveness of the "crack baby" myth and the large void in knowledge among early childhood educators concerning effects of drugs and alcohol on children's prenatal development, and how families are affected.

Enabling factors refer to current skill level or new skills which facilitate providers' abilities to do their jobs with affected children and their families. We learned that management skills of children in classroom environments were lacking and that providers were seeking to improve their abilities to network with one another. Providers also expressed a desire to access more training and to locate alternative financial resources to strengthen the services they were currently providing.

The reinforcing factors found which influenced how providers were receiving information and feedback regarding affected children were media, popular magazines, and made-for-TV movies. These served to create a general impression of doom and gloom for the child affected prenatally by alcohol and other drugs.

(4) *Administrative and policy diagnosis.* Here we attempted to determine whether current capabilities and resources available were adequately meeting the needs of children, families, and providers. We also considered whether the policies and regulations governing services to the early childhood population were able to support a perinatal substance abuse training and technical assistance program. We wanted to know what policy change would be required in order to provide this type of support, and what changes in regulations would be necessary to change referral, treatment, or educational, practices.

For example, looking at current eligibility requirements for early intervention and determining whether they we excluding affected children. More control over licensing and regulation of specialized drug treatment providers serving women and children, and exploring other sources of funding for programs serving this population.

Based on the results of our needs assessment, which took us over a year to collect and analyze, we concluded that the development of strong linkages between community early intervention providers, alcohol and drug treatment programs, health care providers, and public education activities was necessary to set the stage for a well-rounded, seamless system of referral activity and services. We were fortunate to team up with the state's Office of Drug and Alcohol Programs and begin the process of reaching out to drug treatment providers who were operating over 50 specialized treatment programs, both outpatient and residential, for women and their children across the Commonwealth. Many of these programs did not have staff with the background in early childhood to establish state-of-the-art education practice.

Likewise, in our early intervention programs, many of the staff, some of whom had been working for 20 years as day care or preschool teachers, had little knowledge or experience working with children prenatally exposed to alcohol and other drugs, or with parents who were actively using these substances.

The first thing we needed to do was to begin linking the two systems together. Both communities, drug and alcohol and early childhood, come to the table speaking a different vernacular. For example, "enabling" a parent is considered to be a negative response among those in the drug treatment world, but a good and valued practice in family-focused early intervention programs. So we had to make sure that the word "enabling" either was not used in training or was defined in context. Likewise, the term "early intervention" conjures up different images in both groups. To drug treatment providers, early intervention means finding someone at risk for becoming addicted to drugs and intervening at that point. To early childhood providers, early intervention means working with young children who have disabilities, or are at risk, during their formative years, (i.e., the first three years of life and prior to entering public school).

Both groups reflect different cultures, philosophies, and assumptions. The drug and alcohol community is blessed with an extraordinary number of recovering persons who work as counselors and administrators. The early childhood community does not share that same feature—most early intervention teachers were not preschoolers with disabilities. The unique features of each group brings on a different set of assumptions and values. For example, drug treatment providers in specialized programs see the mother as the primary client. Early intervention educators see the child as their primary responsibility. In linking the two, a new perspective must be considered—viewing the family as the client.

After the first year of implementing the training and technical assistance program, we began to see evidence of the program's impact in several areas.

The first area of impact was seen by changes in attitudes and beliefs. Our needs assessment revealed that pregnant addicts were viewed by many of our early intervention providers as morally wrong. Parents were stigmatized as uncaring parents that used drugs. By using recovering parents as co-trainers a process of destigmatization began. If you are not in a position to do this, using prepared materials such as, "Women of Substance", a video produced by Robin Smith and Ropy Kennedy of Video Action Fund, and "Treatment Issues for Women", produced by NADIR can be very helpful.

We also saw improvement in provider and educator skills. Frequent joint training opportunities among early intervention and drug treatment providers allowed an opportunity to network. We held meetings every other month, inviting programs from both communities to share and learn together. Recently we completed two regional workshops on issues of access to children's health care and early intervention regulations. Another forum for joint training comes once a year when we hold our annual April teleconference. Last year, through the co-sponsorship of the National Early Childhood Technical Assistance System, we were able to broadcast our teleconference to over 80 sites nationally and to 20 sites in Pennsylvania. We plan the same for next year.

We have also begun to see effects of our training and technical assistance program on administration and policy at the state level. Some of these policy changes include:

(1) The creation of minimal state guidelines for serving young children who are admitted with their mothers in residential drug and alcohol treatment programs.

(2) The inclusion of a voting member to Pennsylvania's State Early Intervention Interagency Coordinating Council from the state Office of Drug and Alcohol Programs (DAP).

(3) Developmental screening of children entering drug treatment programs.

In addition, our current policy work is focused on:

(1) Identification of existing sources of funds to assist partial hospitalization and outpatient drug and alcohol treatment centers to serve young children who are at-risk but do not meet the state's criteria to receive early intervention services via Part H or Part B funds.

(2) The DAP education initiative is being disseminated to early intervention and early elementary school educators in Pennsylvania. This emphasis on creating learning environments based on children's developmental levels and individual learning styles is very appropriate for children affected by alcohol and other drugs.

(3) Fostering DAP practices for infants, toddlers, and preschoolers in drug and alcohol treatment settings through training and regulatory changes.

How do we know our training and technical assistance program is working? Over the past three years, we have collected extensive evaluation data. I would like to present some of our preliminary findings.

Our program undergoes a formative, or process evaluation, that is, an evaluation of all individual trainings. We do this by determining the type of training formats offered: (a)live or teleconference, (b) the number of participants, (c)the satisfaction level of those participants, and (d)future training needs as indicated from our evaluation feedback. This happens each time a consultant delivers a training.

Participants fill out a registration and evaluation form at the end of each training they receive. These data are entered into a database specifically designed to match evaluation results with individual consultant trainers and training topics.

On the back of the evaluation form, participants are asked to provide qualitative feedback. The individual consultant is then provided with this feedback and a summary of ratings obtained after each of their training sessions. This system also allows for quarterly reports which are summarized and provided to the FFEIS advisory board.

Here I have some summarized data to share with you. These figures are extracted from the overall FFEIS training evaluation database and are specific to the training and technical assistance program for AOD.

Our average response rate for completed evaluation forms was 68% for the years 1992-94. On a Likert scale of 1 to 5, with 5 being "strongly agree," and 1 being "strongly disagree," the average rating across all 10 items on the training evaluation was 4.4. The following ratings were obtained for selected items such as:

- Overall the content of this training met my expectations - (M=4.2);
- I learned something that I can use in my own situation- (M=4.2);
- I learned something new today - (M=4.4).

We are currently in the process of designing the next phase of our program evaluation, the impact study. Thus far, we are designing a questionnaire which will be sent to participants of our trainings over the past years, randomly selected through the registration list on our database. We are also working with outside entities to assist us in conducting a content analysis of our write-in comments, the qualitative data received on the evaluation forms that we have been collecting over the past three years.

My discussion with you today has focused on the development and evaluation of a training and technical assistance program designed to assist providers from various disciplines who are working with children affected by alcohol and other drugs. I want to emphasize that the success of this program is largely due to its support through interagency collaboration among state level departments, whose missions cross over each others' with regard to helping young children.

Now I would like to shift gears a bit and share some of my thoughts with you on how pupil services personnel in schools can use the information I have presented today.

While school systems share a district name or community, individual school buildings within a district often develop autonomously from one another. This is often due to the transaction between a principal's leadership and vision for her or his school, and the skills and resources offered by the school's faculty and staff. It is important that individual schools within districts have opportunities for cross-training similar to the cross-training we provide in our early childhood AOD program. This would include opportunities for personnel across schools within a district to develop as teams and problem-solve those issues that are facing them and are most worrisome.

In addition, the introduction of family members in school inservice trainings might provide new insights and perspectives. I believe the key to establishing safe and drug-free schools is for schools to become more family-centered and community-centered. Often we hear schools say they are family or community-centered but really, they are not.

Becoming family and community-centered can be accomplished in a number of ways. First, parents can serve as trainers, or co-trainers, or they could be invited to participate in inservice training. This strategy would require some planning, similar to the planing process I described with the PRECEDE model. You would want to know for example, what parents perceive as necessary elements for maintaining safe, disciplined and AOD-safe schools in their community. Planning should also include taxpayers who do not have children attending school and influential community members who can act as change agents. These are the people who need to understand why they should be more supportive of their local schools. If their voices were included in planning for prevention programs, this would begin the process of the school becoming more community-based and community-focused. Using focus groups or conducting stakeholder meetings are two methods that we used in our needs assessment which school districts can use to include taxpayers and community members in their prevention planning.

Another important aspect in cross-training is to make the situation cross-disciplinary. Oftentimes, those providing pupil services such as student assistance, do not benefit from the knowledge and expertise of other professionals in the school building. For example, speech-language pathologists (SLPs) are trained in communication skill building but are viewed by others as only serving students with speech disorders. Their roles within schools have historically been limited and their skills underutilized. One reason for this is the way that school districts are funded to hire SLPs. SLP positions are often tied to the number of special education students receiving SLP services. This is a regulation that needs to change.

The SLP can help the student assistance program (SAP) team members in the teaching of coping skills to students. The coping skills I am referring to are: (a) identification of feelings, (b) communication of feelings, (c) positive social interaction skills, (d) problem-solving skills, and (e) self-reliance or self-efficacy skills. These abilities are known to improve resiliency in at-risk students are usually incorporated in AOD prevention curricula.

SLPs have traditionally worked with students who present language and speech disorders. However, their preparation for master's level training and licensure includes developing competencies in language development theory, cognitive approaches to language intervention, intervention for disorders of pragmatics, or social communication disorders.

SLPs can work to assist school teachers, health educators, and the SAP team in the creation of new curricula to meet the needs of students with language disorders, or to make modifications to existing curricula for students with special communication needs. SLPs can also be better utilized in the classroom at the early elementary levels. Through classroom collaboration, the SLP and teacher can design a whole language approach to prevention oriented lessons.

And finally, I would urge schools both at the building level and at the district level to be more attuned to the needs of AOD affected children and families. Families in addiction or crisis will rarely turn to the school to seek help or referral. Sometimes this is because we have developed adversarial relationships between school and home. Pupil service personnel need to gain a better understanding of how families can be empowered to help themselves—this will require school personnel to gain new knowledge and skills in dealing with families in denial or in crisis.

It is not easy to change. Most of us would rather continue doing things the way we have always done them. After all, the only person who likes change is a wet baby. I encourage you to take the risk....make that change.

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[1] The term "crack babies" is being quoted as used by others. The term "crack babies" is an inappropriate term and only serves to perpetuate the stigma that children may face. A more appropriate term is "babies (or children) affected by alcohol and other drugs".

TIPS from PIP—Primary Intervention Program for At-Risk Students

Jackie M. Allen

Program Overview

Nationwide it is estimated that on the average 3 out of 10 school children (or as high as 7 out of 10 in some urban areas) experience some type of school adjustment problem. Initially developed in Rochester, New York, in the late 1950's, the Primary Intervention Program was adopted in 1982 in California and became a California Early Mental Health Initiative qualifying for Proposition 98 funds in 1992.

The Primary Intervention Program, nicknamed PIP, is a funded project designed for children identified as having mild school adjustment difficulties in the early grades (K-3), and who are at risk of more serious difficulties as they become older. This program is not designed for children considered "high risk" and who require professional counseling or other interventions.

Children with school adjustment problems are identified through the use of screening procedures. Parent permission is obtained before a student is admitted to the program. A parent conference is held during the middle of the 12 week session. After being identified, the children receive services by carefully selected, trained paraprofessional child aides.

PIP is an integrated services program, both school-based and community-linked, and a cooperative effort between the local mental health agency and the local school district. At Blacow Elementary School the school psychologist and a licensed social worker from the nonprofit Tri-City Community Mental Health agency provide the training and supervision of the paraprofessional aides.

Each child receives a 30 to 40 minute weekly play session in a specially equipped playroom at the school. Using play techniques and reflective listening, the aides help the children with school adjustment problems such as shyness, aggression, or inattentiveness. The paraprofessional aide is not a teacher or a therapist but a "special friend" who works one-on-one with the child in a non-directive play environment.

As a model Early Mental Health Intervention program, PIP has proven effective in helping children adjust to the school environment and learn more coping skills. Student success is measured as improvement in learning behaviors, attendance, school adjustment, and school-related competencies.

Purpose

The PIP at Blacow Elementary School is designed to provide early intervention into the lives of at-risk primary students enabling them to adapt early on, in the first few years of school, to become successful in the school system. The program goals are to:

- Enhance the mental health and social development of young children;
- Ensure that children get a good start in school;
- Increase the likelihood of success in school;
- Decrease the likelihood of needing more costly services as children get older and early difficulties are left unchecked;
- Increase personal competencies related to life success;
- Increase adjustment to school; and
- Increase attendance at school.

In summary, the purpose of the individualized quality time that each child experiences in the playroom environment is to aide the child in developing self-esteem, self-confidence, stronger social skills, and a positive school attitude. The long-term goal of the PIP is to prevent, early on in the primary grades, the factors of at-riskness which later on can lead to poor school attendance, teen pregnancies, drug and alcohol abuse, delinquency, and suicide.

Implementation Period

The PIP was initially begun at Blacow Elementary School in 1988 with the submission of a funding proposal which was denied that year. In 1989, a volunteer program was begun which was funded in 1990 with a three-year grant through the California Early Mental Health Initiative. A second district school was funded in 1991 for three years. In 1993 Blacow funded its own program for a year.

Implementation of the program is best accomplished after a year of preparation. Activities during the preparation year include writing the grant proposal or seeking other funding, identifying the key players in planning the program, establishing policies and timelines, project start-up meetings such as the initial faculty meeting and initial parent/community meeting, selecting and equipping the playroom, paraprofessional selection, and scheduling student sessions.

Characteristics of Program Site (District, School, and Students)

Blacow Elementary School serves over 600 elementary students from kindergarten through sixth grade. The school has a number of special education programs, including a special day class for learning handicapped students, a resource program, a vision impaired class, and a severely handicapped class. In addition to the special education programs, Blacow Elementary School has a number of bilingual programs including a preschool program, bilingual classes, and a parent citizenship program in the evenings. Several community advisory groups provide ongoing input from the parents and community members. Blacow is located in a low-middle to low economic area primarily consisting of blue collar workers and laborers. The school has a sizable population of Hispanic families and students. During the 1992-1993 school year, Blacow was awarded the blue ribbon award as an outstanding school in California for its variety and diversity of special programs designed to meet the needs of students.

Target Population and Number of Students Served

The target population of students is at-risk, not high-risk students, with school adjustment problems. Students in kindergarten through third grade are served in the program. About 30 students are served during each school year; approximately 15 students receive services each semester.

Services Provided

Each student receives 30 to 40 minutes a week of individual services with his or her "special friend." Students are taken from the classroom to a playroom where the "special friend" gives special attention to the child. During the weekly half hour sessions in the playroom, the paraprofessional's role is to provide support and encouragement for the child. The activity is chosen by the child who sets the playroom environment. During the session several games may be played and talk may include many topics, or nothing at all if the child chooses. Intervention is on a short-term basis with sessions being held for 12 to 15 weeks. Services are provided at school during the school day.

Sessions are provided by trained and closely supervised paraprofessional aides. Once a week the paraprofessionals meet with the school psychologist and mental health professional to review student progress and special needs.

Type of Staff Available and Percentage FTE Devoted to Program

The PIP is a cooperative effort between the local Tri-City Mental Health agency and the Fremont Unified School District. Staff time is provided by both agencies. The school psychologist is allotted one-half day a week to provide the necessary training, supervision, coordinating, consulting, and assessment for the program. Likewise, the mental health professional also spends about one half-day a week in program-related activities. The principal actively supports the program with consultation, attending the annual PIP conference, and public relations.

About 5 paraprofessional aides, including at least one bilingual aide were used in the program. Students assigned to the paraprofessional aides would number from 1 student up to about 7 students per aide. Paraprofessional aides were aides already working part-time jobs in regular or special education classrooms at Blacow School. The aides were paid on an hourly basis according to their regular salary as a classroom aide. The senior aide who was also the SIP Coordinator for the school coordinated the clerical aspects of the program and worked with one child.

Cost of Program and Funding Source

The cost of a single contact with a child in PIP is less than $28. The average annual cost of helping a child can be less than $300. The average cost per school site is $20,000 a year. The average grant amount per district is $47,000.

Funding for the project came through an Early Mental Health Initiative grant to the local education agency. EMHI funds provide up to 59% of the total cost of a proposed intervention program. The balance of the program cost comes from funding or in-kind match provided by the school district and the local mental health agency.

Problems Encountered and Solutions

Obvious problems included: (a) the maintenance of funding after the three year periodof the initial grant; (b) the maintenance of in-kind personnel time; (c) the selection of the aides; (d) public relations with teachers to maintain continued support; (e) the appropriateness of student referrals; and (f) the maintenance of administrative and district support. These problems were overcome during 1993-1994, but with the pressures of a new administrative philosophy at both local and district levels, reduced funding, teacher pressure for more assistance with high-risk students, and a reduction of in-kind psychological services the program folded at the end of the school year.

Program Accomplishments/ Reported Outcomes

Data from the Teacher Child Rating Scales (TCRS) were conclusive each year that the time spent in the playroom with a "special friend" improved students' competencies in frustration tolerance, assertive social skills task orientation, and peer sociability, and reduced problem behaviors in the areas of acting-out, shy-anxious, and learning. Within-group tests were run on the 3 problem behaviors and problem total, and on the 4 competency behaviors and a competency total. Changes were statistically significant in all categories during the 1990-1991 school year. In 1991-1992 changes in all categories but acting out were statistically significant. During the third year, 1992-1993, although changes were reported, the within-group t-ratios indicated that changes in learning, frustration tolerance, assertive social skills, task orientation, and peer sociability were not statistically significant.

The following program goals were accomplished:

- To enhance the mental health and social development of young children;
- To ensure that children get a good start in school;
- To increase the likelihood of success in school;
- To decrease the likelihood of needing more costly services as children get older;
- To increase personal competencies related to life success; and
- To increase adjustment to school.

In conclusion, the program was successful in reducing problem behaviors and in increasing competencies for school success. In addition, the primary intervention program reduced overall referrals for counseling services and special education referrals.

Evaluation Data

One of the primary aspects of PIP is systematic screening. All first graders are screened using the AML-R-Behavior Rating Scale. Other primary students may also be screened using this instrument. At Blacow, referrals may also be made by parents, teachers, the Principal or other school staff, including the Child Study Team. Screening takes place in late September, or early October after the teachers have had an opportunity to become acquainted with their students. The AML-R Behavior Rating Scale is a quick screening instrument designed to help identify young children experiencing early school adjustment problems. It measures the frequency of acting out (A), moodiness (M), and learning difficulty (L) behaviors. In addition, the total AML-R score provides an overall index of a child's school adjustment problems.

TCRS is used both for second level screening and diagnosis, and ongoing assessment. Used as a screening instrument, it assesses a child's emotional behavioral, social, and general school adjustment and is filled out by the teacher before the student starts the play sessions. Specific behavioral problems and competency areas can be assessed by looking at each scale or individual items. The TCRS is used as a pre and post check of a child's progress. At the end of the sessions the rating scale is filled out a second time. The information for both pre and post assessment is entered on scantrons by the school psychologist or mental health worker and sent to Rochester, New York, for data processing.

Additional Relevant Information

Unfortunately this program was terminated at the end of the 1993-1994 school year. A combination of the following factors contributed to the termination of the project: (a) a change in school and district administration, (b)increasing demands on psychological services, and (c) a change to local funding as the state grant was finished after three years.

An active program may be found at Greensbrook Elementary School San Ramon, California. Contact Susan Davis, school psychologist and Rainbow Project coordinator, at 510-837-5393.

Publications Describing/ Evaluating Program

PIP program is more than just child's play. (1991, *Fremonitor. 27* (4), 1-2.

Van Ruiten, J. (1990, October). Catching them early. *Thrust for Educational Leadership*, 19-22.

The Bully Project

Carla Garrity, Kathryn Jens, William Porter, Nancy Sager, and Cam Short-Camilli

The Bully Program is a comprehensive systems approach that changes the attitude and environment of the school through: (a) increasing the knowledge of staff; (b) having the "watchers" or "silent majority" set the positive values of the school; and (c) having specific components to convene directly with victims, bullies, parents, staff and students.

This program has shown great success in changing the balance of power away from the issue of fear to the issue of positive regard and respect for all students and individuals in the school.

Purpose

The purpose of the Bully Proofing Program is to change the structure of power away from the fear of bullies to empowering the "silent majority." The "silent majority" constitutes 85% of the kids in school who are not involved in bullying, but see bullying going on and feel helpless to intervene. This project primarily focuses on changing the environment of the school while at the same time intervening with the bullies, strengthening the skills of the silent majority, and working with the victimized children. This is accomplished by training the staff to be able to recognize the difference between bully and victim behavior and by using classroom groups and small group interventions with bullies and victims. Parent involvement and support from the Pupil Services Team for classroom teachers completes the comprehensive approach.

Implementation

The implementation period involves an 8-week period of time for training the staff to be able to recognize bully behaviors, developing a group of Pupil Services personnel to work with the bullies as well as the victims and implementing classroom groups. After this intervention, intermittent follow up maintains the level of positive interaction in which the students engage. This program has been implemented in private schools, low-income schools, and suburban schools. It has not currently been used in high violence, severe urban environments.

Target Population

The target population is school aged children bullies, victims and the silent majority, as well as the entire school community.

Services Provided

The services provided include direct intervention with bullies and victims, classroom groups with the silent majority and consultation with parents and community members.

Type of Staff Available

Trained personnel are needed who are familiar with the materials to be able to: (a) provide inservice training for the teachers and staff; (b) work directly with teachers in running classroom groups; and (c) run small group sessions for bullies and victims.

This requires approximately 5 to 6 hours per week of intervention for an 8-week period of time. The amount of follow-up depends on the needs of the victims and bullies.

Cost of Program

The program can be effectively implemented with a trained facilitator and the book, Bully Proofing Your School. Many schools have chosen to have a half-day or day-long work session to train staff and to practice learning to recognize the difference between bully behavior and aggressive students as well as to get in touch with personal styles of handling conflict. This format helps the development of the team process necessary for the school to be effective. The cost of the book is $28. The cost of a trained facilitator coming to an individual school is approximately $700 per day for one of the Bully Project trainers. Regional day long training workshops are $75.00 per person when arranged by the local community. Support may be available through drug-free moneys or other violence prevention resources.

Problems Encountered and Solutions

Problems stem from denial that bullying activities are going on and an unwillingness to listen to the children in the community. We have yet to find a school that did not have a variety of either physical or psychological intimidation, bullying or exclusion practices which were more than a student could handle. The solution for bully-proofing evolved from the parent community requesting these implementations in our own home schools.

Program Accomplishments/Reported Outcomes

A great number of schools and parents have reported positive effects. Teachers and Pupil Services personnel have reported ease in implementing the program and have commented on how user friendly it is. Currently, the reported outcomes are mostly anecdotal. Statistical information gathered at six suburban schools (three experimental and three control schools) indicated a reported decrease in the number of behavioral incidents at the schools employing the Bully Project. Staff reports that the project has a very positive effect on developing moral judgments in schools. Some schools have used this concept as a vehicle to step off to moral education issues.

Evaluation Data

The evaluation data is very limited, and mostly anecdotal.

Publications Describing/Evaluating Program

Currently there are no professional journal publications. The curriculum manual is published as Bully Proofing Your School through Sopris West. A coordinated curriculum has been developed by the Denver Post and published through their newspaper in the education department.

Project ACHIEVE: A Collaborative, School-Based School Reform Process Improving the Academic and Social Progress of At-Risk and Underachieving Students

Howard M. Knoff and George M. Batsche

Program Overview

Project ACHIEVE is an innovative educational reform program targeting academically and socially at-risk and underachieving students. Project ACHIEVE began as a district-wide training program for school psychologists, guidance counselors, social workers, and elementary level instructional consultants. Project ACHIEVE focuses on helping individual schools to strategically plan for and address their immediate and long-term student needs. Project ACHIEVE places particular emphasis on improving the social behavior of students, increasing student performance in the areas of social skills and aggression control, and in reducing incidents of school-based violence. In particular, this is done through an integrated process that involves organizational and resource development, comprehensive inservice training and follow-up, and parent and community involvement all leading to direct and preventive services for our at-risk students. There are seven components to Project ACHIEVE. These are: (a) Strategic Planning and Organizational Analysis and Development; (b) Referral Question Consultation Process (RQC); (c) Effective Classroom Teaching/Staff Development; (d) Instructional Consultation and Curriculum-Based Assessment; (e) Behavioral Consultation and Behavioral Interventions including the school-wide and parent/community use of social skills (or problem-solving) and aggression control training; (f) Parent Training, Tutoring, and Support; and (g) Research and Accountability.

The training is facilitated by pupil services personnel and involves regular and special education teachers, paraprofessionals, bus drivers, school staff (custodial, cafeteria, office), substitute teachers, and volunteers. In addition, the training is extended to and utilizes parent involvement and community agencies (after care facilities, community-based programs). A unique aspect of the training is the use of a "training of trainers" format designed to increase the number of individuals (particularly pupil services personnel) who can train others within the school district and the community.

Program Purpose

Project ACHIEVE has six primary goals:

1. To enhance the problem-solving skills of teachers such that effective interventions for social (in particular violence) and academic difficulties of at-risk students were developed and implemented.

2. To improve the building and classroom management skills of school personnel and the behavior of students (reduce antisocial, increase prosocial) in order to create a disciplined environment within which to learn (increased academic engaged time) through the use of a building-based social skills and aggression control training program.

3. To improve the school's comprehensive services to students with below-average academic performance such that they are served, as much as possible, in the regular classroom

setting and have equal access to high quality educational programs. This goal is based on the assumption that students who can succeed in an environment are less likely to act out against that environment. Violence prevention/intervention programs must address the academic component of educational settings.

4. To increase the social and academic progress of students through enhanced involvement of parents and the community in the education of their children, specifically through their direct involvement with schoolwork of their children and youth through the development of improved parenting skills and community-based academic support activities.

5. To validate the various components of Project ACHIEVE and to develop demonstration training sites for district personnel in the expansion of this model to other school settings.

6. To create a school climate in which each teacher, staff member, and parent believes that everyone is responsible for every student in that building and community.

Implementation Period

Project ACHIEVE began in August of 1990 and continues through the present time. Data were collected on the outcome measures for two years prior to Project implementation.

Characteristics of Program Site

Polk County School District: Polk County School District has approximately 34,000 elementary students, 28% of whom are minorities, 48% of whom receive a free or reduced lunch and 8% of whom receive Chapter 1 services. Jesse Keen, a Chapter I elementary school, has 647 students, 73% of whom receive free or partial breakfast/lunch and 41% of whom are of ethnic minority affiliation.

Hillsborough County School District: Hillsborough County School District serves approximately 131,800 students, 40% of whom are minority students in 148 school buildings with a total instructional staff of over 7800 professionals. Project ACHIEVE is implemented in four elementary buildings (Robles, Cleveland, DeSoto, and Bryan Plant City) designated as "School-Wide Projects Schools," based on qualifying for school-wide Chapter I funding. Each of the schools has approximately 800 students from low socio-economic status families. Each school has at least 75% of the student population on free- or reduced-lunch programs.

Target Population

Project ACHIEVE is implemented in schools with a high number of at-risk children and youth. These include school-wide Chapter 1 schools, schools participating in Full-Service School Programs, schools with large numbers of special education referrals each year, and schools at-risk for multiple incidents of violence. At the present time approximately 80% of the schools participating in this project are Chapter I school-wide or Full-Service Schools. There are two districts participating in Project ACHIEVE in the Tampa, Florida area. At the present time, nine schools from the two districts are participating.

- Grade/Age Range: Pre-K through Middle School.
- Number of Students: 5500.

Services Provided

The Project provides direct training of school-based and community personnel in the following areas: (a) problem-solving; (b) social skills and anger replacement training;(c) effective teaching/instruction; (d) curriculum-based assessment; (e) parent education and training in social and academic behavior; and (f) organizational planning, development, and evaluation.

School-based services for students (in addition to the staff training noted above) include: (a) school psychological; (b) counseling; (c) mental health consultation; (d) parent educator; (e) school-based health; (f) child protection/public welfare; (g) special education; (h) speech/language; (i) specialized educational (e.g. reading discovery); and (j) computer assisted instruction.

Type of Staff Available and Percentage FTE Devoted to Program

Note: With the exception of the project manager, the staff and FTE equivalents represent staff available in each of the nine buildings involved with the project. This project is a joint project between the School Psychology Program at the University of South Florida and the Polk and Hillsborough County School Districts. Coordination is facilitated through the Offices of the Superintendent, Full-Service Schools, Student Services and Psychological Services. Across the schools involved, the following groups or agencies collaborate with the project at the school-based level:

a. Full-Service Schools Project;
b. Mental Health Center;

c. Chapter 1 Services;
d. Pre-K Programs;
e. Parents-Through the Parent Drop-In Centers;
f. Psychological Services;
g. Guidance and Counseling;
h. Social Work;
i. School Health Services;
j. Drug-Free Schools Program.

Project ACHIEVE is an integrated service delivery project that designs and implements intervention-based services to students rather than making students conform to pre-existing services. Therefore, to the greatest extent possible, all intervention services (social skills training, academic instruction, assessment practices, behavioral intervention) and special education services are delivered through the regular education setting.

Staff	*Percentage FTE*
Project Manager	1.0
School Psychologist	0.8
Counselor	1.0
Parent Educator	1.0
Mental Health Consultant	0.4
Speech/Language Therapist	1.0
Instructional Consultant/Master Teacher	1.0
School Nurse/ Health Aide	1.0
Pre-School Teachers	2.0

In addition to the above staff, each school has a principal, assistant principal, and regular and special education teachers to meet the needs of students in the school.

Cost of Program and Funding Sources

Funding Sources:

- U.S. Department of Education, Office of Special Education Programs (Personnel Preparation and Field Initiated Studies)
  Total Amount: $1.1 Million
- Florida Department of Education, Office of Interagency and Related Services
  Total Amount: $465,000.00
- Local Effort:
  GTE Business Partnership
  Chapter 2 Funds
  Pride of Polk County
  Governor's Grant Through Pride of Polk County
  Drug-Free Schools
  George Jenkins Foundation

Program Cost: Approximately $125-135 per student per year.

Problems Encountered and Solutions

General

Project ACHIEVE is a school reform project and is all about change. As with any change project, even one that is requested and sought by districts and buildings, resistance and barriers emerge as more and more is expected of the people in the environment. We have found that the primary solution to this problem of emerging resistance is building-level decision making and ongoing strategic planning and evaluation. Prior to project implementation in any building, the staff of each school involved in Project ACHIEVE must vote, as a staff, to accept and participate in the project. At least 80% of the staff must approve the implementation of the project prior to starting. Building principals complete a "Project ACHIEVE Checklist" designed to evaluate the extent to which building commitment, resources, and personnel are available and ready to implement the project. In Project ACHIEVE buildings, teachers and staff from each grade level meet twice each month to review the program components and the outcomes that are achieved. In addition, each group identifies problem areas and potential solutions. Teachers and staff are given the time to problem solve and the training to do so effectively. The goal is to have an effective problem-solving process in place in each building that can address problems as they arise. The development of this process takes three to five years for each building.

Specific Problem Areas

1. Parent Involvement: This is an ongoing problem for the Project Schools. All of the project schools are in areas affected by poverty, high rates of unemployment, and family units that are ever-changing. We have increased parent involvement in the following ways: (a) offered parent education programs that include child care and meals; (b) hired parents who previously participated in the parent education programs as parent educators the following year; (c) involved parents in classroom activities for their children and youth; and (d) offered outreach services by

having parent educators go to the homes rather than expecting parents to come to school.

2. Consistent Implementation of Social/Behavioral Programs.

Program Accomplishments/Reported Outcomes

Project ACHIEVE began at Jesse Keen Elementary School in August, 1990. Since the Project has begun, we have seen the following results at Jesse Keen Elementary School and similar results in the other schools involved:

1. Discipline referrals to the principal's office decreased by 67% and bus referrals to the principal's office by 84%. Specifically, referrals for disobedient behavior decreased 86%, fighting by 72%, and disruptive behavior by 88%. In particular, the number of fights was reduced from 215 per year to approximately 65.

2. Referrals of at-risk students for special education testing decreased 75% while the number of teacher consultations resulting in the implementation of effective academic and behavioral interventions by the regular classroom teachers significantly increased (from virtually none to more than 90). (See Table 2)

3. Placements of at-risk students into special education classrooms decreased by 67%, focusing particularly on placements for students with learning and emotional disabilities, while increasing the accuracy rate for placements so that the assessment process was more cost- and time-efficient. (See Table 2)

4. The suspension rate decreased from 10% of the student population (approximately 65 students) to 3% of the student population (approximately 19 students), decreasing, at the same time, the money and time expended for formal disciplinary hearings relating to those suspensions. (See Table 1)

5. Grade retention of students decreased from an average of 61 students per year during the two years before Project ACHIEVE to one student during the two years after the beginning of Project ACHIEVE. (See Table 1)

Evaluation Data

Student Outcomes:

Discipline Records, Suspension/Expulsion Records, Grade Retention Records, Special-Education Referrals, Placements, Decertification, Student Achievement Scores, Student Portfolios, Attendance.

Teacher Outcomes:

Frequency of Social Skills Training in Classroom, Evaluation of Integrity of Training, Teacher Referrals to Office.

Direct/Indirect:

Frequency of Use by Non-Instructional Personnel, Extent to Which Curriculum is Incorporated into Parent Education and Training, Extent to Which Curriculum is Coordinated Between Home and School

School Outcomes:

Discipline; Suspension/Expulsion, Grade Retention Records, Teacher Satisfaction Measures, School Climate Measures, Grade-level and Building Strategic and Annual Outcome Plans, School Achievement Scores, Teacher Attendance/Student Attendance, Parent Involvement and Business Partnerships, Parent/Community Evaluation and Satisfaction Measures.

Data Collection Schedule

Monthly:

- Discipline, suspension/expulsion, and attendance data are usually compiled each month from computer print-outs requested through the school office.
- Average number of social skills training sessions per week. Teachers complete easy checklist (1 minute).
- Number of teacher/staff training, parent education, and other technical assistance sessions conducted.
- Information regarding methods and frequency of home-school contacts (e.g., teacher newsletter home).

End-Of-Year:

- Grade retention, average student attendance, achievement scores.
- Teacher/Parent/Community Satisfaction Measures assessed through a survey that takes about 10 minutes to complete.

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Enrichment: Dance/Movement Therapy in a Unique Prevention Model

Sally Kondziolka

Overview

The Enrichment Program, since 1990, offers observation and intervention for children, training and technical assistance for staff, and support and consultation for families. Based on dance/movement therapy and play therapy, children are seen one-to-one or in pairs once a week with Enrichment goals in at least one of four areas: (a) self-esteem/self-concept, (b) social and peer interactional skills, (c) behavior guidance (difficult & aggressive behavior); and (d) general developmental stimulation. Although the Enrichment Specialist does observations with all enrolled children in the beginning of the year, those with the greatest needs are prioritized and included in direct services, once a week in their center. Parents meet with the Enrichment Specialist, along with the classroom teacher and Family Service assistant to explain the services, answer questions, get written permission, and develop the individualized Enrichment Program Plan. Parents are also required to attend both a mid-year and end-of-year evaluation meeting as long as their child continues in Enrichment. However, they are encouraged to come in more frequently to participate along with their children or to consult with the Enrichment Specialist. Children have Enrichment sessions lasting approximately one-half hour in a space in the center apart from the classroom. Props and toys are an integral part of the process as are art materials. At the end of the class day, after lunch, the Specialist meets with staff to discuss each child's responses and progress, any new information or observations that the staff may be aware of other children's needs. Other specific trainings may be scheduled during the school year for staff that focus on movement and communication skill. Regular progress notes are kept for each child.

Purpose

The Enrichment Program was designed to promote social competence and basic prevention. Attention is paid to a variety of risk factors. It is to offer extra attention to children whose needs may not be able to be fully met by the classroom setting. Additionally, besides direct Enrichment services, referrals are made to various agencies and services in the community when a child requires further specialized assessment or treatment outside the scope of Enrichment.

Implementation Period

The Head Start year begins at the end of September each year and goes until the middle of the following May. Each child's term of receiving Enrichment services may vary according to need. It is possible they may be included for the duration of the year, and up to the two years they may be at Head Start.

Characteristics of Program Site

Three counties are served in far southwestern Colorado—Archuleta, LaPlata, and Montezuma counties. There are 12 sites for Tri County Head Start programs—three are collaboratives with school districts; five are contact sites in classrooms at elementary schools; four are freestanding centers on their own. Of the 12 independent centers and contract sites nine receive the observation, evaluation, and consultation services. The children in all nine centers are "staffed" and prioritized for Enrichment services. The program week runs Monday through Thursday, so four centers are chosen by virtue of the highest need to receive services one day a week. All of the students range in age from 3 to 5 years. Many of the children served this year are involved because of the

Colorado Preschool Project. This includes children with up to three "risk factors" such as a single parent, bilingual home, behavior problems, and many others. Other children are involved that are simply Head eligible—meaning they meet family income requirements.

Target Population—Number of Students

Those children selected have needs in up to four areas as stated above. The intent is to try to prevent problems or address those that appear to be developing. The total enrollment for Tri County Head Start this year (1994-1995) is approximately 285 for all 12 sites. In the four sites served, 32 students will be receiving services.

Services Provided

Direct services are provided to children selected, observation is provided to all, including some basic assessment of needs. Staff receive regular consultation and trainings. Families receive consultation and some direct services. Enrichment, although grounded in therapeutic modalities, is considered a therapeutic activity that is part of the curriculum, being that it is presented within an educational setting/model.

Type of Staff—FTE

There is one Enrichment Specialist who is employed at 30 hours per week for the school year. Other Pupil Services Personnel are utilized for referrals and are employed elsewhere in the community or by various agencies.

Cost—Funding Sources

Funding is through a regular Head Start grant through the Disabilities portion. It used to be Account 26 but is now part of the regular grant put towards mental health. Cost per year is $31,850 which covers salary, benefits package, office supplies, consultations, phone calls, toys and props, psychological services, professional development, and travel. The Specialist has the use of a van in order to travel to the outlying centers—they are 62, 47, and 30 miles away from the Central Office in Durango. These costs are included above.

Problems

Most difficult is the denial and resistance encountered in some families and their unwillingness to admit to their child's needs, or their refusal to do anything about it. This includes some families that may suddenly just move out of town without notice. The number of children who need services far outweighs the program's abilities to address the needs. Overall, it can also be frustrating when you feel like you can not make a difference, especially when a family won't cooperate or look at making changes that would help their children. We as a whole feel that we must make a strong effort with the children regardless of the resistance of the family.

Accomplishments/Outcomes

At this point there are no formal studies but much anecdotal material. Teachers continue to be most enthusiastic about how it has helped the children and how much they have learned themselves. There have been a number of very enthusiastic parents as well.

Evaluation Data

No formal evaluations have been done, although the program received much praise when it was reviewed by the Onsite Program Review Instrument (OSPRI) team over a year ago.

Publications

There is currently a brochure available for the parents.

Additional Information

There are plans to try and get greater parental involvement in Enrichment sessions or perhaps in a group together with other parents on a regular basis.

The Enrichment Program, Tri County Head Start, PO Box 259, Durango, CO 81302. (303) 247-5960, fax (303) 247-5979.

Dance/Movement Therapy with Emotionally Disturbed Adolescents

Veronica Bannon

Program Overview

The Catonsville Educational Center is the educational component of the Maryland state residential facility, entitled the Regional Institute for Children and Adolescents (RICA). Within this educational setting, one full-time and one-part time dance/movement therapists are employed to address the needs of those students with low self-esteem, poor body image, poor self-control, lack of trust in others, difficulty identifying and expressing feelings, and poor interpersonal relating skills.

Students are referred for dance/movement therapy services, assessed for appropriateness, and eventually scheduled for weekly sessions. These sessions usually occur along the same time frame as one academic period. Students are seen either individually or in small group settings. Issues are identified, goals are determined, and progress notes are written following each session. The dance/movement therapists attend both clinical and educational meetings to discuss assessments, treatment goals and progress. Often families and other agencies involved are present. At the time of termination from services a written summary of dance/movement therapy treatment is provided. In addition, the dance/movement therapists are often involved in presenting workshops for staff.

Program Purpose

Dance/movement therapy is a unique, holistic approach of psychotherapy which encourages self-expression through movement. It is a primarily non-verbal therapeutic modality which promotes emotional and physical integration. The body in motion provides the means of assessment as well as the mode of intervention. Within the dance/movement therapy context, children and adolescents are given the opportunity to creatively express their inner concerns, anxieties, and emotional conflicts in a safe, non-threatening manner.

The dance/movement therapy process begins with the establishment of a safe environment. Within this context, a therapeutic relationship can be built. This relationship is based on acceptance, respect, empathy, and trust. The dance/movement therapist demonstrates a respect for the child's level of functioning by engaging in activities with the child at his or her level. The therapist provides a climate in which the child feels free to risk new behaviors and modify old patterns. Accepting the child by accepting his or her movements is an important step in developing a therapeutic relationship and in promoting self-esteem. Mutual participation strengthens this budding relationship. The dance/movement therapist is then able to provide a creative, playful atmosphere where areas of conflict can be both identified and enacted.

Children and adolescents who have been brought up in unsafe environments build defenses to protect themselves. Often they have experienced fear and anxiety as a physiological response to their environment. Therefore, the defenses they have built are also physiological. These youngsters tend to be disconnected from their bodies, as well as from the world around them. They may not have experienced their bodies as safe as a result of subjection to violence, victimization, or abuse. Not only are they scared to feel, but they are equally afraid to open up to others.

In the dance/movement therapy context, children and adolescents are encouraged to explore their bodies in new ways. With the use of music, props, and a safe atmosphere they are given opportunities to let down their defenses and express themselves. Through the movement experiences, and verbal connections, children are able to both identify and resolve conflicts. They eventually become more aware of themselves and their relationship to others.

By incorporating dance/movement therapy services into the educational setting, students are given an opportunity to safely express inner conflicts. The information gained by staff through this therapeutic modality is helpful in determining specific issues that interfere with academic and social progress.

Implementation Period

This particular program has been in place for three years. Based on the positive effect dance/movement therapy services appeared to have on other special needs school systems as well as state run psychiatric facilities, RICA hired a full time dance/movement therapist in September, 1991. Since then, another part-time position has been filled by a dance/movement therapist to meet ongoing demands of the population for a non-threatening, non-judgmental therapeutic modality. Within a month, the initial program was in place. This initial model has been adjusted only slightly since its beginning.

Characteristics

RICA is a 45 bed, state run facility for emotionally disturbed children and adolescents. Catonsville Educational Center academically services both the residential students and outpatient community students. Educational staff are employed by the county, city, and state.

Target Population

All of the students are diagnosed with an emotional disturbance and many are learning disabled. Approximately 45 residential students and approximately 30 community students attend Catonsville Educational Center. About half of these students receive dance/movement therapy services. As mentioned previously, the students with issues of low self-esteem, impulsivity, aggressiveness, poor interpersonal relating skills, and poor expressive skills are the most likely candidates. Space is limited due to the limited dance/movement therapists employed (one full-time and one part-time).

Services Provided

The dance/movement therapists provide weekly therapy sessions, weekly progress notes, inservices, case presentations, treatment plans, and discharge treatment summaries. As described earlier within the dance/movement therapy sessions students address personal conflicts, maladaptive behaviors, relationship problems, and identity issues. In addition to dance/movement therapy services, other services provided are therapeutic recreation, art therapy, verbal psychotherapy, and speech therapy (if necessary).

Staff

One full-time and one part-time dance/movement therapist [are] employed through RICA. The dance/movement therapy program is run by these staff and supervised by the rehabilitation services department head. Clinical supervision of the expressive therapists is provided by the medical director.

Funding

Funding for these services is provided through the state of Maryland. Dance/movement therapists' salaries are comparable to that of a licensed social worker.

Problems

The most apparent problem with the dance/movement therapy program at RICA at the Catonsville Educational Center is that many of the students do not receive services due to lack of staff. This population requires individual and small group services. Therefore, additional staff is necessary to meet the needs of the clients. Ideally, every student would receive these services to not only address present conflicts but prevent future problems.

Reports

The feedback from clinicians, educational staff, treatment teams and parents has been positive. As a result of dance/movement therapy services, residents have been able to achieve both short and long term goals. Noted improvements have been in the areas of increased self control, self-esteem, interpersonal relating skills, and self-expression. Residents have used dance/movement therapy to express issues they had not previously been able to verbalize. They have demonstrated the ability to focus and stay on task in the classroom, which has, in turn, affected their academic performance.

Data

Information has been accumulated on the basis of number of "time outs," "seclusions," ability to stay in the classroom, number of treatment goals met, and feedback from clinicians, teachers, and parents.

The Mano ã Mano Project: A Collaborative Mentoring Effort

Cristina Durán Meléndez

Program Overview

The Mano ã Mano Project is a mentoring program that began in the Spring of 1993 through the efforts of school social workers of the Albuquerque Public Schools Special Education Department. A committee of School Social Workers met on a regular basis for a full year to carefully plan before implementing the Project. The Mano ã Mano Project is a primary prevention program serving at-risk Hispanic special education elementary school students and their families in the Los Duranes neighborhood of Albuquerque, New Mexico.

The Mano ã Mano Project is a collaborative involving the Albuquerque Public Schools; Big Brothers/Big Sisters of Albuquerque, Inc.; and professors, staff, and students from the University of New Mexico (UNN). Mano ã Mano recruits Hispanic students from the University of New Mexico (UNM) to become a Big Brother or Big Sister to an Hispanic third or fourth grader who is considered at-risk and commit to spending three to five hours weekly with him or her for at least a nine month period. UNM professors offer academic credit to participating students through independent study if they so choose. Big Brothers/Big Sisters of Albuquerque provides the screening of the UNM students, helps to make the matches, and carefully monitors the matches over the nine month period and beyond, if the matches continue. School social workers conduct groups for the parents of the elementary school students who get matched and also facilitate monthly groups/trainings for the UNM students involved.

Program Purpose

To provide preventive services at the elementary school level by assisting third and fourth grade Hispanic students who are considered at-risk (and their families) to become productive members of society and healthy learners by providing and sustaining meaningful one-to-one relationships with adults.

Implementation Period

The Mano a Mano Committee of School Social Workers met on a regular basis for the entire school year 1992-1993 before start-up in the fall of 1993. We are now in the middle of the second year of operation and are planning for the third year.

Characteristics of Program Site

The Albuquerque Public School District APS) is the 25th largest school district in the nation, with an enrollment of approximately 90,000 students. The ethnic mix of APS is 47% Anglo, 43% Hispanic, 4.4% Native American, 3.4% African American, and 1.8% Asian American. Of all students who started high school in 1989, 23% dropped out before graduating. A particularly alarming fact that has serious implications is impacting at the elementary school level: 26% of fourth graders have experimented with beer or wine, 6% with liquor, and 17% with inhalants (9% have used inhalants during the last year).

The pilot school, Duranes Elementary School, is located in the near North Valley of Albuquerque, and has approximately 600 students. Of these students, over 90% are Hispanic (primarily native New Mexicans), and more than 85% qualify for free lunch. Los Duranes is one of the oldest neighborhoods in the city and, although maintaining a strong identity because of families who have resided in the area for generations, has more than its share of gang and drug activity, and poverty. The second school we moved into this year, Kit Carson Elementary shares similar characteristics with Duranes. Both schools are located in areas of Albuquerque where residents and schools often feel overlooked or neglected when it comes to the distribution of resources.

Target Population and Number of Students Served

Hispanic special education students in the third or fourth grades are targeted. Other at-risk criteria include students from single parent homes, low income, inadequate social skills, low self-esteem, withdrawn, absenteeism, special education exceptionalities such as learning disabled, and communication disordered but without severe behavioral problems. We have tended to target boys over girls due to the shortage of Big Brother volunteers in the regular Big Brother/Big Sister program. Girls, on the other hand, can be matched within 2-3 months through the regular program. Presently, because we are absorbing the work of this Project within the scope of our regular duties as school social workers, we are making approximately seven matches a year. We plan to increase this number and move into other schools and perhaps into the middle schools as funding and staff permit.

Services Provided: A Primary Prevention Program

The high degree of success experienced in the first year of implementation indicates the Mano a Mano Project's ability to excel on a number of important levels. First, it can be considered a primary prevention program. As school social workers, we saw first hand the reality many of our youth face in Albuquerque—an increase in violent crime, increased teenage pregnancy, problems with substance abuse, gang activity, and that many of these problems prevented youth from maximizing their education. We also felt that the large numbers of Hispanics in New Mexico mandated that we address the needs of this group. The Mano a Mano Project is a way to provide preventive services at a young age, knowing the power that a mentorship relationship can hold, in hopes that problems later might be prevented.

Using a Team Approach

The project employs a team approach using pupil services personnel. Our committee of school social workers worked closely with school staff—the principal, counselor, head teacher, classroom teachers, educational assistants, and nurse's assistant—especially in helping to identify students who would benefit from the project. At every step, from the initial stages of planning, to recruitment of students, to the parent groups, to gathering pre and post data, to evaluation, to the awards ceremony, we involved school staff.

Once potential candidates for the project were referred to us by school staff, school social workers would then start a pre-screening process by briefly interviewing the kids, then doing a home visit with parents. If both parents and kids were interested, we would then invite families to an orientation held jointly by School Social Workers and a representative from Big Brothers/Big Sisters. Big Brothers/Big Sisters would then proceed with more interviews and orientation leading up to the match. In some cases, siblings of the identified student have also been matched with a Big Brother or Big Sister.

Community Collaboration

This is the cornerstone of the Mano a Mano Project. All three entities involved had not only something to offer the Project, but something to gain as well. Big Brothers/Big Sisters, Inc., known for their quality programs nationwide, was interested in diversifying the services they provided, and they had not been successful in recruiting minority volunteers as Big Brothers/Big Sisters. So they welcomed an opportunity to develop a program in the schools, as did UNM. As most universities are always encouraged to increase their involvement withthe community, UNM was interested in the Mano a Mano Project. But perhaps in addition to wanting the increased community involvement, the students, professors, and staff at UNM became involved in the project also for cultural reasons, which is an important reason why our project demonstrates a high level of cultural competency.

Cultural Competence

We had to carefully and thoughtfully look at the recruitment of Hispanic college students, given that minorities do not have a high rate of volunteering in formal institutions and that Big Brothers/Big Sisters of Albuquerque had not been successful in recruiting minority volunteers. As a result, rather than employing a "shotgun" approach to recruiting students, we strategically approached departments and individuals whom we knew were part of a Chicano/Hispanic network at UNM (such as the Southwest

Hispanic Research Institute, the College Enrichment Program, and Hispanic Student Services) and appealed to Hispanic students who were aware of the conditions of their community, especially among youth. (Through this network we also located professors from different disciplines who were willing to offer independent study to participating UNM students.) We knew that an important aspect of Hispanic culture for those who have the opportunity to go on to higher education is a desire to maintain a link with their community of origin by "giving something back." Indeed, the UNM students who participated in Mano ã Mano were drawn to the project for this reason. They know they will be matched with a Hispanic young person, they want to be a part of bettering their community, and they are being approached in a way that is sensitive to their cultural identity. In sum, we wanted the Mano a Mano Project to maximize the resources available to us in Albuquerque and provide successful Hispanic adult role models to Hispanic children.

As for the process of recruiting UNM students, we made presentations to student groups and also had counselors, professors, and other student services staff identify potential volunteers, and invited them to an orientation held jointly by the Coordinator and Big Brothers/Big Sisters. This orientation would be held on campus at two different times so as to accommodate the varied schedules of university students. The Project would be discussed and applications distributed. We would follow-up with attendees of the orientation to assess their interest and encourage their participation. Once completed applications have been submitted, Big Brothers/Big Sisters begins their screening process of the volunteers, including a police check, human services check, reference checks, an interview, home visit, personality test, etc. The screening process is the same as it is for the regular pool of volunteer Big Brothers/Big Sisters.

Parental Participation

By offering parent groups on a monthly basis at the school site, we not only wanted to provide a forum for parents to discuss how the matches were going, but to also assess their interests and needs relating to their role as single-parents. The school especially appreciated this component since it had been struggling with ways to involve parents in the education of their children. The parent groups are co-facilitated by a school social worker and with their Masters in Social Work (MSW) intern.

Type of Staff Available, Percentage FTE Devoted to Program

We do not have any full-time staff assigned to the Project. We have a committee of four school social workers and an MSW intern who divide up the work, and essentially absorb it into their daily work as special education school social workers. The coordinator, who serves on the committee, was given administrative approval to devote only about one-fourth of her time to the project.

Cost of Program and Funding Sources

The Mano ã Mano Project operates without extra funding, which makes it extremely cost-effective. This is the beauty of collaboration. We will need outside funding, however, in order for the Project to expand to more elementary schools and to serve more children in the district.

Problems Encountered and Solutions

One of our biggest problems is that we do not have any full-time staff assigned to the project. Committee members, including the Coordinator, work on the project in addition to carrying a caseload of special education students and their families. The history of how school social work services have been provided in the district has somewhat restricted our services to direct work with a caseload of students. However, this trend appears to be changing with the development of projects such as Mano ã Mano and we continue to look for creative solutions for how to develop more programs such as this while at the same time meeting administrative demands.

Another problem we face is that we are not able to serve a large number of students through the Mano ã Mano Project. Realistically, we will never be able to meet the demand for Big Brothers and Big Sisters that exists in our schools. We are limited in the number of matches we can make partly due to the fact that Big Brothers/Big Sisters, without additional funding, is also limited in the number of matches it can make for us outside of their regular program. This problem can be solved by increasing human and financial resources, however, [illegible] we are in the process of identifying potential funders. One minor problem has been the fact that some of the volunteers from UNM often come to New Mexico to study from out-of-state. This reduces the chances that the matches will continue beyond the initial nine month commitment, and means that students are without their Big Brothers or Sisters during university breaks when out-of-state students return home. To remedy this, we have made a special effort to recruit UNM students who are local to the area, if possible. In addition, we plan to also recruit from the community college in the area, whose student population will be more local with a higher probability of staying in the area, thereby potentially increasing the longevity of the matches. (We are finding that UNM students from Albuquerque or within the state are tending to continue with their matches after their initial nine month commitment is up.)

Program Accomplishments/Reported Outcomes; Evaluation Data

The Mano ã Mano Committee decided early on to include an evaluation component which is comprised of pre and post data on variables that might tell us something about how this Project is making a difference for the students served. Our MSW intern oversaw this component, collected the data, and compiled a final report. Preliminary results indicate a significant improvement among the students involved, especially in the area of school attendance and behavior. Overall, the Mano ã Mano Project has been so successful that Big Brothers/Big Sisters agreed to double the number of matches made for the third year. We will continue to evaluate the program during its second year, and are investigating possibilities of developing a more comprehensive system of evaluation through the College of Education at UNM.

Behavior Intervention Program

Judy Harlow

Program Overview

The Grant Middle School Behavior Intervention Program is the most restrictive environment in the district for middle school students (grades six through eight) diagnosed as seriously emotionally/behaviorally disturbed. The philosophy of the program is based on the beliefs that all children have a right to know how to behave appropriately and that people can change their behavior in positive ways. In order to implement this philosophy, the Behavior Intervention Program provides a therapeutic environment with self-contained classrooms, total supervision of students, and an observable behavior management system which is used consistently throughout the program. The academic program and social skills curriculum include life skills activities and community-based instruction. A multi-disciplinary team provides knowledge, experience, support, and problem-solving skills in developing workable strategies for each student in order to bring about positive changes.

Program Purpose

The overall purpose of the program is to facilitate positive behavioral changes in students in order to prepare them for the mainstream of life. Our goal is to return students to a less restrictive classroom environment when these changes become integrated in a student's daily life as observed by the members of the multi-disciplinary team and the student's family.

Implementation Period

The Behavior Intervention Program at Grant Middle School is a permanent part of the Albuquerque Public Schools' Special Education Program.

Characteristics of Program Site

New Mexico has a unique population mix of people of Hispanic, Black, Anglo, Native American, and Oriental backgrounds. Albuquerque is the population center of this rural state. The Albuquerque Public School district is one of the largest school districts in the nation with a student population of over 91,000. Grant Middle School is a typical suburban middle class school. The Behavior Intervention Program is part of that school campus. Our students, who come from the entire school district, have been unable to exhibit safe and appropriate behavior at their neighborhood schools.

Target Population and Number of Students Served

Our target population is special education students with a primary diagnosis of seriously emotionally/behaviorally disturbed. Many of these students have also been diagnosed as communication disordered, learning disabled, and/or physically impaired. The program has a capacity for 52 students.

Services Provided

The multidisciplinary team approach is used to provide a wide variety of services to our students. The teachers and educational assistants in each of the program's seven classrooms use the same behavior management system. We emphasize academics, as academic progress in this area is as important as behavioral progress in order to adequately prepare our students for inclusion in general education. The curriculum is enriched with "Facing History and Ourselves," which teaches tolerance, and experiential education, which teaches problem-solving, trust,

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and cooperation. Our proactive teachers have also secured the services of lawyers, artists, and other individuals in the community who have enriched our students' school experience.

The adapted physical education teacher provides daily classroom instruction on physical skills emphasizing cooperation and teamwork over competition. Speech and language services are provided through individual and group therapy sessions and classroom activities which focus on verbal problem-solving and enhancing language and communication skills. Students who qualify receive occupational therapy services for sensory integration deficits and to enhance fine motor skills.

Social workers provide group, individual, and family therapy; and classroom and community interventions addressing the student's emotional and social needs. Consulting psychologists assist in assessment, evaluation, and planning for the students. The school nurse assists with the students' medical and medication needs. The Alliance for Parents' Council provides a forum for parents to advise the administration around program issues.

Type of Staff Available and Percentage FTE Devoted to Program

Staff:	FTE:
Assistant Principal	1
Teachers	7
Educational Assistants	10
Secretary	1
Speech/Language Pathologist	1
Adapted Physical Educator	1
Social Workers (4 FTE allocated)	3.3
Occupational Therapist	.2
Consulting Psychologists	.4
Nurse (for entire Middle School)	1

Cost of Program and Funding Source

The Behavior Intervention Program is funded as part of the Albuquerque Public Schools' Special Education budget. The funding formula for the Program's classrooms is the same formula used for other self-contained classrooms in the school district. Grant funds have been sought by responding to "requests for proposals." We were awarded a three year grant that provided for home-based social work services, the implementation of the experiential education portion of our program, and ways to enhance parent involvement in the program. Our proactive staff is always in search of ways to bring in additional moneys—from our ongoing recycling program to seeking contributions from the community.

Problems Encountered and Solutions

Over the years, we have found our multidisciplinary team meetings (and retreats) the best way to address concerns and develop creative solutions to problems. With that forum in place, we have a consistent way of addressing any program concerns.

Prior to having an on-site administrator, there was not clear communication between the two original classrooms and the rest of Grant Middle School. With the assignment of an on-site assistant principal, advocacy for the needs of the students and staff was made easier. The administrator has been able to speak to the principal of Grant Middle School and the appropriate district authorities about space issues, general concerns about the physical plant, equipment, etc., as different problems or concerns arise.

Because of the intensity involved in working with seriously behaviorally/emotionally disturbed students, staff morale and burnout are always issues to be dealt with. The on-site social workers and the consulting psychologists are always taking the staff temperature and are there for "emergency" visits. The Sunshine Committee also takes good care of the staff. In addition to regular birthday celebrations, etc., we will find ourselves feasting on root beer floats, just because. Caring for each other and sharing humor with administrative support are important "bylaws."

The problems of gangs and increasing violence in the schools have been dealt with in several ways. First and foremost, we have zero tolerance for physical aggression. Clear policies are in place that address dealing with acts of aggression against staff or students. Our school is a neutral zone with reference to gangs and turf issues. We have had (and will continue to have) inservices that address these issues.

Program Accomplishments

About 80% of our parents attend Open House. The Alliance for Parents' Council membership has increased by more than 100%. Parents have increased their participation in regularly scheduled IEP meetings. Many of our parents volunteer to participate or sponsor special classroom activities.

In the eight years since the program began, the gang problems on campus have diminished. No student has ever been injured in a fight. Only one gun has been brought to school since the program's inception. There have only been two incidents of finding marijuana on a student at school, resulting in the arrest of one student.

During the past eight years, the program has grown from two classrooms to a nationally recognized therapeutic program that is much like a partial or day treatment hospital program. We have formed community partnerships with the YWCA, the City and County Parks and Recreation Programs, the Mental Health Center, and the University. Our program is a training site for psychiatry fellows in UNM's Medical School and offers placement situations for many Special Education students' practicum.

Evaluation Data

The Behavior Intervention Program has not been evaluated in a formal way. However, statistics and descriptive information are compiled at the end of each school year.

Publications Describing/Evaluating Program

The SED Quarterly (Volume 1, Number 1, 1994) contains an article describing the Office of Special Education and Rehabilitative Services grant awarded to the Behavior Intervention Program.

Violence Prevention Program

Audrey Potter

Program Overview

The Violence Prevention Program is based upon the idea that the most efficient and effective way of meeting a student's affective needs is to provide for them in the classroom. Therefore, the program is based on providing training to classroom teachers to enable them to manage volatile situations and assist teachers in the use of violence prevention strategies and curriculum. Implementation is supported by program staff.

Program personnel work in collaboration with teams from each school to plan implementation strategies that address the specific needs of the school. Team composition is determined by each school, but generally included are the psychologist, guidance counselor, social worker, principal, assistant principal, and representatives of the teaching staff. The program has four components. These include: (a) staff inservice regarding management of volatile situations, (b) staff training and implementation of classroom based violence prevention curriculum, (c) implementation of peer mediation, and (d) parent workshops.

Training in managing volatile situations offers techniques designed to reduce those staff actions (verbal and physical) that can initiate or exacerbate aggressive or violent reactions in students. All staff (teachers, paraprofessionals, cooks, secretaries, administrators) attend this inservice. This increases the awareness of all staff of the role they play in the lives of students.

"Second Step" is a violence prevention curriculum developed by the Committee for Children. The curriculum is designed to provide students with skills in empathy, impulse control, and anger management. The curriculum is culturally sensitive and developmentally sound. Second Step has curricular materials available for preschool through middle school students. School psychology, guidance, regular education, human relations, and health education worked together to integrate this curriculum with the major academic, affective, and health education curricula currently in place in the schools. The lessons are designed to be interactive with discussion and role play. Violence Prevention staff provide training in the use of the Second Step materials to teaching staff. Crucial follow-up activities are also provided which include modeling of lessons within individual classrooms, co-teaching of lessons, consulting with teachers regarding problems with implementation, obtaining teacher feedback, and encouraging use of the curriculum. At the middle school level, a variety of other curricular materials may also be utilized.

Peer mediation is the third component of the program. Peer mediation encourages the use of skills that are learned within Second Step in real situations. It also affords students the opportunity to solve problems using an alternative strategy to violence. Students also gain experience in leadership roles. Peer mediation is also promoted at the district level by the system peer mediator who also trains faculty and students in mediation. This allows students at the high school, middle school, and elementary school to have access to peer mediation.

The parent component is customized to the needs of each school. Programs have ranged from presentations to Parent Teacher Organizations describing the program to ongoing groups for parents regarding nonviolent child rearing strategies. Often a videotape developed by the Milwaukee Public Schools (MPS) Office of Psychological Services in conjunction with a group of MPS parents is utilized. This video offers parents strategies to help them determine what benefits their child is receiving from aggressive behavior, instruction in the use of time out, and ideas on how to harness the power of parents as behavior models to help their child behave in a positive manner. The parent presentations or groups are led by Violence Prevention program staff and building based supportive services personnel or both.

Violence prevention services are also provided by the Office of School Safety. Safety personnel train school staff in non-violent crisis intervention and work with students to discourage gang involvement. They also provide programs to schools to teach students about the importance of avoiding guns using a "Kids and Guns" video.

Program Purpose

The MPS Violence Prevention Program was developed to address the ever-increasing violence in our society by providing students and staff with functional skills in problem-solving, anger management, and alternative strategies for dealing with potentially violent situations.

Implementation Period

The program has been implemented at the elementary school level since 1992; the middle school expansion began in fall 1994. Currently, funding is projected to continue through the 1995-96 school year.

Characteristics of Program Site

MPS is an urban school district serving 100,000 students. The district includes 112 elementary schools, 21 middle schools, 15 high schools, 5 public alternative schools, and 27 private community-based alternative schools.

Target Population and Number of Students Served

The program has provided services to 78 of our elementary schools. During the 1994-95 school year the expansion of the program to the middle schools will begin with fourteen middle schools, and the remaining elementary schools will receive the program. Services are being provided to schools serving 79,000 students.

Services Provided

Program staff provide: (a) inservice training to school staffs; (b) collaborate with school-based teams regarding violence prevention issues; (c) demonstration lessons to classroom teachers; (d) peer mediation training to students; and (e) conduct parent workshops teaching strategies parents can use to improve parenting skills and reduce the risk of victimization of their children.

Type of Staff Available and Percentage FTE Devoted to Program

The program is staffed by school psychologists (four FTEs) who conduct training and facilitation with school staffs. Various amounts of time are devoted to implementation of violence prevention programs by school psychologists, school social workers, and guidance counselors.

Cost of Program and Funding Source

The Violence Prevention Program is funded by the MPS's Board of School Directors at a cost of approximately $286,000 per year.

Problems Encountered and Solutions

The main problem encountered by program staff is getting teachers to utilize the classroom curricular materials. This is hindered by the limited time teachers have available to work with their students and the variety of curricula need to be taught. Program staff has found it beneficial to have teachers highlight the time spent intervening in and managing student disputes, and pointing out how preventing student discipline problems can actually provide teachers more time to invest in teaching core subject areas. It has also been found that students respond very positively to the curricular materials, therefore the curriculum begins to "sell itself" once it is tried. The demonstration lessons provided to teachers in their classrooms with their students improve the likelihood that the curriculum will be utilized.

Program Accomplishments/ Reported Outcomes

The program has been implemented at 78 schools. Due to the success of the program, the MPS Board of School Directors approved the expansion of this prevention program to the middle schools. The service model is similar to that used at the elementary schools. A needs assessment is conducted for students and staff. Based on the information gathered, the structure of the violence prevention program at each school is planned.

Evaluation Data

School-based personnel have evaluated the effectiveness of the program. The results indicate that staff and students are developing new strategies for dealing with aggression. The overwhelming view of the program is positive. The majority (92%) of principals agreed that the program had a positive impact on building climate. In classrooms where Second Step was consistently utilized, eighty-seven percent of teachers reported that they had observed an improvement in students' communication skills and behavior as a result of using Second Step. Teachers and principals (88%) agreed that peer mediation was viewed by students and staff as a useful tool for conflict management.

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Wiscasset Schools—Integrating Curriculum and Pupil Services

Cyndi Gagne and Chuck Saufler

Program Overview

Wiscasset schools have made an effort to integrate what is taught in the classroom with pupil services K-12 which assist students with problems ranging from academic failure to addiction. Wiscasset currently has Chemical Health programs in grades 2, 3, 4, 5, 6, 7, 8, and 9/10. The programs range from one time classroom visitations, to 17 week classroom instruction via the Drug Abuse Resistance Education (DARE). The DARE. offerings are unique as they occur in Grade 2 with a focus on physical safety; in Grade 6, providing alcohol and drug resistance training; and in Grade 8, exploring violence, drugs, their relationship and giving a refusal skills refresher to prepare for high school transitions. Areas of focus in Grades 5, 7, and 9 include pharmacology of drugs, the addiction process, recovery, and family dynamics related to addiction.

The Chemical Health Program is tied to mandates for Health Education in the state of Maine. Local physicians, police officers, experiential learning centers (e.g., Camp Kieve), and financial support from the local chapter of the American Legion and Masons of Maine provide expertise and support to the chemical health curriculum.

Curriculum aimed at a safe environment for students is also taught via CLIMBERS. CLIMBERS is a hands-on learning experience offered at Wiscasset Primary School to students in Grades 1-4 through the guidance and physical education departments. Using non-traditional teaching methods, the program combines interdisciplinary and cooperative learning approaches. The ultimate goal of CLIMBERS "challenges" reinforce the curriculum content areas of classroom guidance, health, chemical health, and physical education. Challenges focus on consequences of actions, personal safety, components of positive relationships, responsibility, fair play, tolerance of differences, cooperation, empathy, peer pressure and refusal skills through an array of games, and learning projects which comprise the CLIMBERS experience. The acronym "CLIMBERS" was chosen to represent specific behaviors and attitudes which are emphasized in this program as follows:

Cooperation—This is a fundamental skill necessary for success and happiness in life;

Leadership—Each child is capable of leading and needs to test his or her leadership capabilities in a safe environment;

Initiative—Children experience the benefits of "self starting" as individuals and as contributing members of a group;

Motivation—Students learn the importance of keeping themselves and others on task and working toward individual and group goals;

Belief—Belief in oneself as a capable person is fostered through participation in challenging problem solving activities;

Encouragement—Giving and receiving encouragement as an involved group member working towards specific goals enhances feelings of self worth and cooperation;

Respect—Mutual respect and the appreciation of individual differences is learned through the process of group problem solving; and

Success—Emphasis is placed on realistic goal setting and making a successful try at achieving goals.

One basic component of the CLIMBERS is the Full Value Contract. The following three commitments form the backbone of the full value contract:

1. Agreement to work together as a group and to work toward individual and group goals;
2. Agreement to adhere to certain safety and group behavior guidelines; and
3. Agreement to give and receive feedback, both positive and negative, and to work towards changing behavior when it is appropriate.

CLIMBERS activities provide opportunities for students to practice important social skills and problem solving strategies in a supportive environment.

Program Purpose

The programs described above, coupled with classroom instruction in guidance, maintain a continuous focus on safety, appropriate social behavior and individual responsibility toward others in the forefront of Wiscasset students' minds.

Implementation Period

Each component of curriculum or pupil services to Wiscasset students has been developed and implemented within the last five years (1990-1995).

Characteristics

Health and Chemical Health Curriculum span Grades K-12. CLIMBERS is currently taught only at the primary level in Grades K-4, but efforts are underway to expand this program to the middle school and beyond.

Target Population

The 1,173 students in the Wiscasset schools. The school system, which is administratively deemed a "Union," is governed by a Board comprised of representatives from Wiscasset and three adjoining towns: (a) Dresden, (b) Westport and (c) Alna. In Grades 7 and 9, students residing in neighboring Union member towns filter into Wiscasset schools from their own primary and middle level facilities.

Services Provided

Curriculum efforts are supported by pupil services personnel within Wiscasset schools. Student Assistance Teams(SAT) comprised of administrators, the school nurse, teachers, social workers, guidance and personnel such as the chemical health coordinator, and the psychological examiner collaborate to problem solve and advocate for students on issues ranging from academics to behavior. The SAT concept was implemented after building-based groups received training offered by the state SAT unit. Such innovative action plans as placing a third grader (previously retained in Grade one) in Grade 5 for the coming Fall have been developed. The SAT recognized the student had improved substantially in two years, academically and developmentally, and was ready for the challenge of rejoining his age mates. In fact, the plan was approved administratively for it was felt that the original retention and separation from age mates proved detrimental over time. At the high school level, tutoring services have been arranged for students temporarily incarcerated and the SAT works closely with probation officers to monitor behavior plans inside and outside of school. SAT meetings occur either daily, weekly or on an as-needed basis. Collectively, 83 cases were addressed by our K-12 SAT in 1993-94.

Type of Staff Available

Teachers of Health, Physical Education, Guidance, and Chemical Health provide instruction. Community resources in medicine and law enforcement supplement staff in providing curriculum.

SAT use pupil services personnel, classroom teachers, and building administrators. Again, community resources, particularly in law enforcement are included on an as-needed basis.

Cost of Program

The cost of the program was approximately $10,000 annually. Funding is split between school budgets, DFSG funds, Masonic grants, and other forms of local support mentioned earlier.

Problems Encountered

Scheduling additional curriculum in an already full daily schedule and freeing staff to participate in SAT meetings has been the major problem in the past. With administrative support and flexibility on the part of faculty, these problems can be and have been resolved.

Program Accomplishments/Reported Outcomes

There have never been more than six incidents of substance use reported at school in Grades 6 - 12 in any given year. Add to this picture, within recent history, Wiscasset has suffered no fatal car accidents involving students. The climate in our schools is turning to one of respect and responsibility shared by all. Much of the latter is due CLIMBERS because appropriate social skills learned at the primarily level are being carried into upper grades.

The Wiscasset school system has an integrated prevention program which helps to create a safe and caring environment for all students. From classroom instruction to student assistance teams, Wiscasset schools are making a difference in the lives of their children every day.

Evaluation Data

Wiscasset uses grade appropriate means to evaluate learning outcomes of curricula. Scores on pre and post testing instruments, individual and group projects, student portfolios, and disciplinary records are combined to monitor learning outcomes and service delivery effectiveness.

Student Assistance Team Program

Michel Lahti

Program Overview

The Student Assistance Team (SAT) is a group of professionals whose function is to identify, refer, and intervene with students at risk. It provides students with a prevention/intervention process that ensures that they have a free appropriate public education, which is a requirement of Section 504 of P.L. 93-112. The purpose of the Student Assistance Team (SAT) is to redirect students exhibiting high risk behaviors before they experience school and social failure. The Maine Department of Education provides training and technical assistance to school personnel in the design, implementation, and evaluation of student assistance teams. The SAT is a multidisciplinary team which functions within the school to identify, intervene with, and refer children to supportive services before they experience school failure. This prevention and early intervention model is found at all grade levels, Kindergarten through Grade 12. The majority of teams in Maine are at the K-8 levels. Since 1989, the Department of Education staff have worked with over 300 Maine schools in implementing this model.

Program Purpose

Through the student assistance team process, regular Education personnel (including Compensatory Education and Special Education) work together to intervene with children at risk and their families. After a school system develops appropriate policies and administrative procedures, the SAT is empowered to respond to staff, student, and family referrals of students that need assistance. The SAT, through team training and individual member expertise, assists and refers students for appropriate help. The team develops procedures for dealing with high risk behavior, using every available resource in the school and community.

The student assistance team process is a part of a larger, systemic approach to prevention in schools. Overall prevention training includes the risk-protective factor approach to prevention programming. Teams are trained to use the recent research in resiliency factors to help design intervention strategies that promote bonding to peers and adults, engage students meaningfully in school, and create high expectations for academic and social success in school. The student assistance team is one part of how schools manage students at risk of school failure. The team's mission needs to be integrated with all other efforts the school has in promoting academic excellence. The overriding purpose of this model is to help insure success in education for all students.

Implementation Period

Piolets began in 1987. Currently a state-wide training and support program to local schools and communities. Over 300 school-based student assistance teams trained to date.

Characteristics

Model is implemented at the building level. Majority of teams are at the K-8 level as most Maine schools are elementary in grade level. Model serves all students based on their identification by the team at the school site.

Target Population

No specific target population. Model is a mechanism to assist students to succeed in school. Some schools use the model as a prereferral mechanism to special education and other services in the school and community.

Services Provided

The student assistance team identifies and refers students to resources. Often the team will brainstorm simple, in-school interventions that will assist the students. These interventions vary based on the needs of the child.

Type of Staff Available

Each school makes a local decision as to who will be on the student assistance team. The goal is to have a multidisciplinary team with a building administrator and at least a 50/50 split between pupil service personnel and classroom teachers. Some teams involve community members such as law enforcement officers, mental health practitioners, and mental health personnel.

Cost of Program

The Maine Department of Education received funding from the Governor's portion of the Drug-Free Schools monies and has successfully competed for school personnel training grants from the United State Department of Education, Drug-Free Schools Division. The program is also supported through the state Division of Special Services, Special Education, Title One, Migrant Education, and Safe and Drug-Free Schools. This year's budget is approximately $410,000. The budget supports training and consultation activities statewide.

Problems Encountered and Solutions

Decrease in school funding statewide has adversely impacted programs as pupil service personnel are often cut or downsized. The other major barrier is linking services between schools and community agencies.

Accomplishments/Reported Outcomes

- Approximately 80% or more of the school sites trained in the process are actively implementing this model.
- Demand for training and consultation services continues with a waiting list of six months to one year in length.
- Evaluation results show real benefits for students and school personnel.
- Individual school site data is only available at the local level and is not collected in a consistent fashion state-wide. Yet for those schools that do collect data, they report positive impact of model (see evaluation results).

Evaluation Data

We have not been able to evaluate this program as we initially intended due to limited budgets. We are in our third round of application with N.I.D.A. for a five-year grant to follow students through this model for better outcome data.

Please contact Michel Lahti at (207)287-4729 for further information.

The Collaborative Community/School Conflict Resolution Model

Jeanette Gallus & Cheryl Stinski

Program Overview

The Collaborative Conflict Resolution Model provides conflict resolution training and process that goes well beyond school based peer mediation programs. This program includes: (a) a formal process for resolving conflicts between parents, students, staff, school and community; (b) a referral system of trained specialists; and (c) resources which include workshops, curriculum, printed materials, etc. Conflict resolution programming is developmentally appropriate for all ages and school levels and includes prevention and intervention strategies for dealing with school violence and discipline.

Program Purpose

According to John Paul Lederah in the MCS Conciliation Quarterly, "We often overlook the process of decision-making as a key cause of conflict, but it is here that resentment, feelings of being treated unfairly and a sense of powerlessness are rooted" which lead to disruptive behavior. A conflict resolution system for school personnel, students, and families, provides a process for dealing with a wide variety of conflicts, including school discipline and violence and substance abuse and other student risk factors, that draws in as participants everyone personally affected by decisions. The system promotes and incorporates a win-win, problem-solving perspective of dispute resolution based on equality and respect, rather than the adversarial, win-lose model based on coercion and fault-finding.

Implementation Period

Implementation Period for the entire Collaborative Community/School Conflict Resolution Model is two to five years depending upon conflict resolution programs already in place in the school district. Implementation stages are as follows:

A. Peer Mediation Training/Program
  - include students, teachers, parents, staff
  - all-school curriculum
  - relationship with community program/mediators

B. Training of Conflict Resolution Specialists
  - include pupil services, teachers, staff, parents
  - communication style profiles
  - communication skills
  - mediation process

C. Mediator Training
  - include pupil services, teachers, staff, parents
  - specialist training plus role-play, practice, and observation
  - in-house and community mediators

D. Conflict Resolution Resources
  - lending library
  - newsletter
  - training specialists

E. Coordination
  - referral system—informal, in-house mediation, community mediation center
  - guidelines for referrals
  - updated specialist/mediator listing
  - continuing education/training

Characteristics of Program Site

The Appleton Area School District is a local public education agency and provides public instruction to approximately 13,1845 students ages 3 through 21 in the greater Appleton Area.

The Appleton Area School District is located in the city of Appleton in the Fox Valley in Northeast Wisconsin. All buildings are handicap accessible and services are accessible to the public. The main activities of the District occur during the school year from August to June, with summer school programs also offered. The administrative structure operates on a year round basis. In addition to basic educational services, the district also offers a wide variety of support and related services. The district is served by a student services program which includes school nurses, school psychologists, social workers, and school counselors.

Target Population and Number of Students Served

A.A.S.D. Students of 13,845 representing approximately 10,200 families include 866 Asian, 104 Black, 142 Hispanic, 90 Indian, and 12,643 Caucasian. Approximately 90% of total number of families have children in elementary, middle, and high school. Services are available to all school staff and families.

Services Provided

The services provided or basic components of the model of the Collaborative Community/School Conflict Resolution Model are as follows:

A. *A Process for Resolving Conflicts*
- formal (mediation) and informal
- between parents, students, staff, school, and community
- includes openness, empowerment, and active participation
- in-house options such as peer mediation

B. *A Referral System of Conflict Resolution Specialists*
- includes school personnel, student, parents
- assist in choosing appropriate conflict resolution option

C. *Education/Awareness*
- training/inservice for staff
- curriculum/special events for students
- informational programs/training for parents
- networking with community

D. *Conflict Resolution Resources*
- available to students, parents, staff, community
- includes workshops, curriculum, printed material, videos, informational programs, networking, training, consultation

Type of Staff Available and Percentage FTE Devoted to Program

The goal of the Collaborative Conflict Resolution Model is to provide education to all as a foundation of a conflict resolution system. Students, staff, and parents will receive conflict resolution education through training, inservice, curriculum, special events, information programs, and networking. Specific positions to implement and maintain the system are as follows:

A. *Coordination*
  1. school district conflict resolution coordinator
    a). 4 FTE or part of the AODA, Guidance, Pupil Service Coordination

B. *Training*
  1. Community conflict resolution trainer/director
    a) .1 FTE or per hour stipend
  2. Conflict resolution training/trainers
    a) initial trainer education cost
    b) in-house trainers
  3. Mediation training/trainers
    a) in-house or per hour stipend

C. *Collaborative Conflict Resolution System*
  1. Mediation referral specialists
    a) including teachers, pupil service personnel, students, parents, other staff
    b) volunteer or per hour stipend
  2. Mediators
    a) including teachers, pupil personnel, students, parents, other staff.
    b) volunteer or per hour stipend
  3. In-house conflict resolution system/conflict resolution specialists
    a) in-house training
    b)curriculum inclusion

Cost of Program and Funding Source

Program cost can be as follows:

A. Coordination/Training—$25,000
B. Training Program and Supplies—$50 per person
C. Mediation Specialist/Mediator—volunteer or stipend as determined

D. Resources—$1,000 or determined
E. Curricular Materials—per building allotment dependent upon program funding

Sources can possibly be from the following:

A. Government, Community, School Grant, and Foundations
B. School District Funds
C. Alcohol and Other Drug (AOD) Funds
D. SAFE Schools Funds
E. Parent Organization Support

Problems Encountered and Solutions

A. Trust of the Community to Use the Process/Education
B. Time Necessary for Resolving Conflicts/Education

Program Accomplishments/Reported Outcomes School District

Accomplishments are as follows:

A. Peer Mediation in All Schools
B. Conflict Resolution Classroom Training in All Schools
C. Trained Staff/Parents
    1. Peer Mediation Training
    2. Adult Mediation Training
    3. Violence Prevention Curriculum
D. Fox Valley Peer Mediation Conference
    1. Including 300 students
    2. Student planning and implementation at elementary and secondary levels

Community/School Collaborative Efforts

A. Trained Staff/Volunteer Mediators
    1. Pupil Service personnel, administrators, other staff, business and parent community
B. Classroom Education
C. Community/School Mediations
    1. Juvenile harassment
    2. Educational assistants
    3. Individual staff mediations
    4. Parent/teacher/staff mediation
D. In-house mediations
    1. Individual staff mediations
E. Peer mediation training for students and staff
F. Fox Valley Peer Mediation Conference
G. Student tours of community center
H. Administrative meetings
I. Parent education/programs

Evaluation Data

From Education Week, January 12, 1994, the following area criteria 720 school districts have targeted as to the methods that are used to combat violence in and around schools. The evaluation of the program can be as follows:

Compare the statistics of Now and Then of the following:

- Number of suspensions
- Work with social agencies
- Staff training in Conflict Resolution

Specific evaluation methods to be used are as follows:

A. Training
    - document number of AASD trained in conflict resolution
    - document number of AASD trained in mediation
    - document feedback of training by participants
B. In house Conflict Resolution/Mediation System
    - document number of conflict inquiries to conflict resolution specialists
    - document type of conflict inquiries to conflict resolution specialists
    - document number of in-district mediations
    - document number of referrals to other conflict resolution sources
C. Community Conflict Resolution/

Mediation System

A. Document the number of referrals and agreements
B. Tools include intake form, feedback sheet, and agreement form

The following documents can be used to collect and provide data:

A. Appleton Area School District Conflict Resolution Referral Form
B. Appleton Area School District Mediation Form
C. Community Conflict Resolution forms (intake form, feedback form, and agreement form)

The forms will be collected and tallied as to number and nature of intervention.

A Computer data base can be used to manage information.

AASD Mediation Form
Example

Name

Date

School/Level

Nature of Conflict

Mediation Agreement

Please include the following information:

Age
Gender
County of Residence
Race/ethnicity
Income category (10,000-30,000. 30,000 and above)
Number of children with special health care needs

The Use of Interdisciplinary Teaming in Developing Climates Conducive for Learning in a Minority School Setting Where Students are At-Risk for Failure

Ruby M. Gourdine, Paul Emoungu, and Francis Raphael Howell

Program Overview

The Howard University School of Social Work and Education have established a collaboration project in cooperation with the Chapter I, Pupil Services programs in the District of Columbia. The Director of Chapter I, Pupil Services has endorsed the notion that collaboration and interdisciplinary training is essential in improving and extending services to selected groups of children who have been identified as at risk for failure in schools for a variety of reasons, most notably their inability to achieve because of immense social problems. These problems range from being neglected, abused, not attending school regularly, having poor parental participation in the schools, and witnessing violence.

The Howard University Schools of Social Work and Education place students in the field of social work, school psychology, and teacher preparation in selected Chapter I schools. These students comprise two interdisciplinary teams which carry primary responsibility for servicing children referred to the teams. Each student and corresponding professional staff member learn more about each other's professional expertise while simultaneously using their professional abilities in contributing to the services the referred children may need.

This process occurs weekly at the selected sites. Additionally, the students conduct needs assessment at the selected school for parents. Based upon the need assessments, the students implement a project that will increase parental participation.

Training is another important part of the project. Several training seminars have been conducted to introduce and improve skills in the following areas:

(1) Nonviolence crisis response. Oftentimes school personnel have been called upon to assist disruptive students who have difficulty controlling themselves. The professionals have been taught strategies to assist the youngster to control his or her anger and then an appropriate intervention is implemented.

2) Grief Training. This training has been implemented due to the significant numbers of students who have either been abused, witnessed violence (possibly ending in death), or have experienced a death of a significant other recently. Graduate students and staff receive this training to assist them in providing individual and group activities for children who need these services.

(3) Play therapy. All the professionals and students receive this training to assist them in improving their therapeutic intervention skills. After one year of implementation, preliminary research data shows this technique to be particularly helpful with students who experience violence.

The Schools of Social Work and Education offer courses that students in both schools may take as an elective. These courses are designed to provide services to school aged youth who may have a disability, learning problems, and/or social problems, or all three.

Purpose

The DeWitt Wallace Foundation, Reader's Digest through Fordham University, has funded the Howard University School of Social Work and School of Education to establish a Regional Social Work and Education Center Collaboration. One of the centers' goals is to establish a program with a local public school for the purpose of providing: (a) academic cross fertilization in training and the delivery of services in the District of Columbia PublicSchools, (b) to increase parental involvement in raising the attendance and academic achievement of these school children, and (c) to create a ripple effect of the success of collaboration across the identified disciplines. The Chapter I Pupil Services Program is collaborating with Howard University in making this project a viable and successful one.

Implementation Period

The funding for this project began in August 1994 and will extend until August, 1996. It is our hope that a project of this type will be institutionalized within this period, so no ending date is determined or desired.

Characteristics of Program Site

The school-based site is located in the District of Columbia Public Schools in the Southeast quadrant of the city. This area of the city is noted for its demographics of low SES, and a higher number of social problems. The area is mixed with low and middle class residents and is predominately African-American.

Target Population and Number of Student Population

The total Chapter I population of the District of Columbia Public Schools is 13,890 and there are 74 Chapter I public schools and 14 parochial schools. The project however has determined, given the current resources, that it can service approximately 150 students intensely and will cover other needs in the assigned schools on an as needed basis.

Services Provided

- Student training (under graduate and graduate level)
- Parental involvement
- Violence reduction (prevention)
- Play therapy
- Individual, group, community, intervention, education support as defined by Chapter I
- Education services as determined by team
- Grief intervention
- Social services
- Medical referral
- Community resource identification

Type of Staff Available and Percentage Full-Time

At Howard University, two professors devote part-time hours to the coordinating of the project. Dr. Frances Howell devotes part-time hours as well, and has a staff of 19 full-time pupil personnel workers, clinical social workers, and psychologists, and school psychologists. Additionally, six Howard University students per year will be available to devote 300-500 clock hours to the project. We are expecting to add six additional students in January 1995 to create two more teams at other sites.

Program Costs and Funding Source

The Collaboration Project is funded by DeWitt Wallace Foundation (through Fordham University) at a cost of $50,000 per year for a two year period. These funds as well as university matching funds support the training, development of materials, and student stipends.

Problems Encountered and Solutions

A major problem for both institutions is trying to reduce the impact of the bureaucracy (i.e. opening schools on time, coordination of services so that staff, students, and others are ready to start simultaneously).

The solution is the goal of the project which is to collaborate and try to anticipate structural and systemic changes that impact the project.

Program Accomplishments/ Reported Outcomes

We are in the beginning stages of the project and the major accomplishment is that everyone is cooperating. We have received evaluative information from the National Center in Social Work and Education Collaboration. Both schools at Howard University have identified evaluators for the project and they will receive training from the National Center in Social Work and Education Collaboration.

Evaluation Data

The project is in early implementation stage so data is not yet available.

Additional Relevant Information

Howard University is a historically Black university committed to serving oppressed and minority populations. The cooperation between the schools at the university is legendary and it is expected that the public school students and students at Howard University students will both have excellent learning opportunities. This national effort to put collaboration in the forefront as an effective strategy is most noteworthy.

Student Assistance and Family Education Program (SAFE)

Pamela Lemerand

Program Overview

SAFE is a comprehensive program that enhances the learning environment by providing students with support services which address their affective, safety, and social/emotional needs. When these needs are adequately met, the stage is set for optimal learning and academic success. The SAFE program incorporates effective prevention and early intervention practices that significantly contribute to the positive development of all students and are imperative for the well-being of at-risk students. The SAFE program promotes healthy, safe living; personal and social competence; as well as a sense of belonging and connectedness in all children. The development of resiliency and protective factors within children is the foundation upon which all program activities are built. Effective alcohol and other drug abuse prevention and violence prevention within our schools begins with this foundation. It continues with strong bonds between home and school, and extends into a community commitment to the positive development of all citizens.

The SAFE program has four components that are implemented in each elementary school. These components include: (a) student support services, (b) prevention curriculum and classroom support services, (c) consultation and (d) coordination, (d) and parent outreach services.

Program Purposes

The purposes of SAFE include: (a) to provide a systematic way to address the affective and social/emotional needs of students so that they can obtain maximal benefits from the educational opportunities provided by their school; and (b) to provide an effective, early response to students who are experiencing significant life stresses that place them at risk for academic failure, alcohol and other drug abuse, violence, delinquent behavior or teen pregnancy.

In support of these purposes SAFE has the following specific goals:

1. To provide comprehensive, coordinated support services for all children to help them reach their greatest personal, social, and academic potential.
2. To provide a comprehensive prevention/life skills curriculum to all students which fosters competence in their personal, social, and emotional development.
3. To provide a consistent, intensive response to at-risk students with an emphasis on early identification, prevention, and early intervention.
4. To support and enhance the alcohol and other drug-related lessons taught through the health curriculum and the DARE program.
5. To provide systematic support for building staff to meet the personal, social, and emotional needs of students.
6. To develop, nurture, and enhance the home/school connection by strengthening communication, parent involvement, and mutual support.

Implementation Period

The SAFE program was developed and piloted in five schools in 1990. Pilot program evaluation results and recommendations were very positive. Full implementation of the SAFE program occurred in 22 elementary schools during 1991-92 and continues today.

Characteristics of Program Site

The SAFE program was initiated in the Livonia Public Schools, Livonia, Michigan. Livonia is a middle-class community suburban to Detroit. The school district has approximately 17,000 students served in 22 elementary schools, 4 middle schools, and 3 high schools, and, a career/technical center.

Target Population and Number of Students Served

The SAFE program is for all students. The life skills and ATOD prevention curriculum as well as the conflict resolution curriculum are available to all students. Individual and support group services are available to students in need of more intensive prevention and early intervention services. These students typically include those who have a family history or current situation of violence and other abuse, alcoholism or illegal drug use, academic failure, delinquent behavior, etc. Records from the 1993-94 school year indicate that the following number of students were served. Students may be represented in more than one category:

Individual Support	921 Students
Educational Support Groups	1,638 Students
Other Student Support Activities	636 Students

Parents are also a target population in the SAFE program through the Parent Outreach component. Hundreds of parents each year access the program services for support relative to their individual children and school. Formal parent outreach is provided through parent education meetings for groups of parents. Over 200 such meetings were held throughout the last school year across the 22 schools. Approximately 3,231 parents attended one or more of these meetings.

Services Provided: Four Major Components

Student Support Services

- Organize educational support groups that address problems related to alcohol and other drug abuse, changing families, violence, self-esteem, peer relationships, and other topics identified as troublesome for children.
- Provide support to individual children as needed.
- Coordinate the development of additional student services such as mentoring programs, peer medication and cross-age peer helper programs, student clubs, and service projects.
- Crisis intervention.

Curriculum and Other Classroom Support

- Team with teachers to implement a positive youth development program, alcohol and other drug abuse prevention and conflict resolution curricula in the classroom.
- Assist teachers in addressing the core curriculum living and learning objectives and shared student outcomes.
- Assist teachers in addressing unique classroom issues and problems that may arise throughout the year.

Parent Outreach

- Provide parent education seminars.
- Provide consultation to and resources for parents who have concerns about some aspect of their child's development and school adjustment.
- Make available small group, and individual support, or both, regarding parenting issues.
- Provide referrals to community resources.

Consultation

- Work with other building staff to develop intervention strategies for children who are experiencing difficulty in the classroom.
- Provide presentations or information as requested by staff members regarding specific high-risk student issues.
- Work with building staff to maintain a positive school climate and effective school programs for all students.

Type of Staff and Percentage FTE Devoted to Program

The SAFE program staff represent a number of pupil services staff. Each of these staff members work full-time implementing the SAFE program for all students. They do not provide special education services (evaluations, IEPs, etc.)—itinerant special education designated pupil personnel staff provide those services.

Each elementary school has a full-time or half-time SAFE program specialist assigned to the building. The SAFE program staff have one of the following pupil personnel credentials and experience: school psychologist, school social worker, school counselor, or teacher consultant.

A weekly educational planning meeting is held at each school as part of the prevention/early intervention approach of the school district. General education teachers present a high-risk student case history and the EPT members assist the teacher with strategies to meet the needs of the student. The team composition is primarily pupil services personnel such as school social worker, psychologist, speech therapist, teacher consultant, and others as needed. This is in addition to the SAFE program staff whose training is also in one of these professions. The principal and general education teachers are also members of this planning team for high-risk students.

Cost of Program and Fund Sources

The primary costs of the program are the staff salaries. The initial program implementation placed one full-time SAFE specialist at each of 22 schools. The funding for 21 of those positions came from existing positions within the Special Services Department and general education. Existing positions (roles and functions) were examined, redefined, and consolidated to be reconfigured into SAFE program staff fully devoted to SAFE program implementation. One new position had to be created to reach the 22 FTEs. Program leadership, training, evaluation, and materials are funded through the district standard allocation of Federal Drug Free Schools and Communities Act dollars.

Problems Encountered and Solutions

The most significant problem encountered in the implementation of the program was an overall denial by many people that alcohol and other drug use, violence, and gang involvement were truly issues in this suburban community, especially as it relates to our schools. The denial has slowly diminished as data about these issues has been collected. For example, student and community surveys have revealed patterns and information that have greatly raised the level of concern about these issues. The large numbers of students and parents who have utilized program services demonstrate that a need for help with these issues exists.

Program Accomplishments and Outcomes

The SAFE program has been awarded state and national recognition as an exemplary elementary school student assistance program. More importantly, significant positive accomplishments and outcomes have been achieved at our individual schools. For example, there has been a significant reduction in such things as discipline referrals and children's protective services reports at some of our schools. Several thousand children and parents access the program services each year. Teachers and parents report positive changes in children's attitudes or behavior following the children's participation in support groups. School principals report that the staff utilize the SAFE program as a valuable consultation resource.

In addition to the positive outcomes of the program's service to individuals, a variety of school-wide initiatives have also been accomplished. For example, school-wide conflict resolution and peer mediation programs have been established, tutoring and mentoring programs have been developed, and service projects implemented. Each of these accomplishments serves to build the protective factors of bonding students with the school community and the adults within it, meaningful involvement in important activities, a sense of mastery and achievement, and an increased understanding of self and one's choices.

Evaluation Data

The SAFE program was formally evaluated by the school district during 1991-92 and 1992-93. Additional evaluation data continues to be collected for program monitoring and improvement. More formal evaluation plans are being developed for the next school year. The prevention curriculum component will be the focus for that plan.

Summary of Evaluation Results

The overall results of the program evaluations were generally quite positive. It is clear that the goals of the SAFE program have been effectively addressed. The emotional, social, and behavioral development of students has been very positively impacted by this program. The research is clear. Students who develop adequate social and behavioral skills, and who feel emotionally secure and bonded to school are more likely to succeed in school. It may be concluded that the SAFE program, through its services to students, staff, and parents contributes to the school success of many students, particularly those identified as "at-risk." Hopefully, the program also helps, through its prevention/early intervention focus, to prevent a number of students from progression up the "risk" continuum.

All of the primary people involved in the program were asked about their perceptions of the value and quality of the program components with which they were involved. Students were asked about what they had learned in educational support groups and in Skills for Growing. The vast majority in both situations reported that they had learned specific information and skills that were helpful to their personal and social development.

Teachers were asked for their perception of the benefits to students of their involvement in educational support groups, and in Skills for Growing. The teachers' views of the benefits of support groups were mixed as it was not always clear to teachers whether students had learned specific skills as a result of support group participation. However, a clear majority of teachers believed the support group experience was helpful to the students, and had a positive impact on self-esteem and attitude in school. Teachers, on the whole, highly valued Skills for Growing and the majority believed students learned specific skills and information related to the living and learning objectives of our core curriculum and shared student outcomes.

Parents were asked to evaluate specific building-based parent education seminars and workshops. An overwhelming majority of the parents who completed evaluation surveys rated the parent education activities as very worthwhile or worthwhile and believed the activities should be offered again for other parents. Near the end of the school year, parents who were involved with the SAFE program in any way throughout the year were asked to rate the value of that involvement. Once again, the vast majority of parents reported program activities to be helpful or very helpful. A small number of parents sent in blank end-of-year evaluation forms with comments written on them indicating they had not been involved with the program, but nevertheless expressed their support.

Regularly scheduled, periodic meetings were held with the SAFE staff, SAFE program facilitator, and building and district administrators to discuss program implementation. Generally, the building administrators reported a high level of satisfaction with program implementation.

Publications Describing/ Evaluating Program

The SAFE program is described in great detail in a book titled SAFE—The Student Assistance and Family Education Program. The book is published by the Johnson Institute, 7205 Ohms Lane, Minneapolis, MN 55439-2159, 1-800-231-5165. The book contains all the practical, "how-to" information needed to established a comprehensive elementary school prevention/ early intervention program.

Two publications describing some aspects of the program evaluation information are available from the Livonia Public Schools. Communication regarding this should be directed to the contact person.

Additional Information

Many Student Services Department staff including the SAFE program staff, are involved in safe and drug free schools advisory committees, school improvement committees, a community task force, and a violence prevention community coalition.

The Parent Outreach component of the SAFE program is considered an exceptional example of how to serve parents of elementary students. Many school districts have requested inservice training on just this component. The school district believes that a strong home-school connection is imperative to academic success and to achieving the goal of safe and drug free schools.

I Can Problem Solve (ICPS): A Cognitive Approach to Preventing Early High Risk Behaviors

Myrna B. Shure, Bonnie Aberson, and Edith Fifer

Program Title

I Can Problem Solve (ICPS): An Interpersonal Cognitive Problem Solving Program for Children.

Schools

Original research conducted in Philadelphia Public Schools. Evaluations in Memphis, Dade County, and Chicago Public Schools. Now used nationwide.

Program Overview

I Can Problem Solve (ICPS) teaches children how to think, not what to think—in ways that help them solve typical interpersonal problems with peers and adults. As early as age four, children learn that behavior has causes, that people have feelings, that what they do and say has impact upon others, and that there is more than one way to solve problem.

Through games, stories, puppets, illustrations and role plays, children learn a pre-problem solving vocabulary, feeling word concepts, and how to think of solutions to problems and consequences to acts.

In addition, the problem solving concepts taught formally in game form are applied to real life. Rather than the adult suggesting, or even explaining what and what not to do and why, the adult helps children associate how they think with what they do through ICPS "dialoguing" techniques. Step-by-step guidelines help children to think for themselves what and what not to do in a problem situation and why. For example, the adult may ask "What happened?", "What's the matter?", "How does (John) feel when (you hit him)?", "What happened when you did that?", "How did that make you feel?", "(Hitting) is one way to (get your toy back).", "Can you think of something different to do so (you both won't be mad and you won't get into a fight?)". This kind of dialoguing helps children identify and articulate the problem, to think about his own and others' feelings, the consequence of his or her behavior, and how else the problem can be solved.

Program Purpose

Based on seven research studies at various age levels from preschool through grade 6, my research colleague George Spivack and I identified a set of interpersonal cognitive problem solving (ICPS) skills that related to overt behaviors as impulsivity, social withdrawal, poor peer relations, and inability, or unwillingness to share and cooperate with others. At all studied ages, those cognitive skills included sensitivity to problems as interpersonal, causal thinking, alternative solution thinking, consequential thinking, and in children ages 9 to 12, sequenced step-by-step planning to reach a stated interpersonal goal (means-ends thinking). If educators and clinicians had postulated that if one could relieve emotional tension, one could think straight, we set out to test the reverse idea, that if one could think straight (solve interpersonal problems), perhaps that would help relieve emotional tension. At that time (1971), the first intervention to enhance these identified ICPS skills as a method to reduce and prevent maladaptive behaviors was designed, an intervention that has been revised and fine-tuned from then until now.

Implementation Period

The formal lesson-games of ICPS take approximately four months to complete if conducted for 20 minutes to a half hour daily. If conducted three times a week, the complete program can still be completed within a period of about six months. The real-life ICPS "dialoguing" techniques, or the application of the formally taught concepts continue as a problem solving style of talk becomes a way of communicating with children whenever actual problems arise.

Characteristics of Program Site

The ICPS interventions are conducted in preschools and elementary schools, up to grade 6, with a complementary parent program for younger children (4 to 7 or 8) also now available for use at home (see "Additional Relevant Information" below).

Target Population and Number of Students Served

Because ICPS is a process, not a content approach, wherein children are not told what to do but rather, given a set of skills so they can make decisions that are comfortable for them, youngsters from several ethnic and income levels have participated in the program, including those from Caucasian, African American, Hispanic, and Polish families. Over the research years, several thousand children have been exposed to ICPS, and in the Chicago pilot alone, over 2000 children have participated. With the program now being used in states such as Georgia, Alabama, Tennessee, Florida, Virginia, Kentucky, New Jersey, Pennsylvania, and others unknown, it is impossible to estimate the number of students served. However, evaluations of ICPS as service from Illinois, Tennessee, and Florida have suggested the efficacy of ICPS for teachers and parents to implement in sites other than in Philadelphia, where the research was begun.

Services Provided

ICPS is a prevention program, implemented daily, or no less than three times a week in the classroom, wherein every child is exposed to the curriculum. For more extreme high risk children, pupil services personnel as school psychologists, counselors, and social workers provide additional services outside of the classroom.

Type of Staff Available and Percentage FTE Devoted to Program (including Pupil Services Personnel)

In addition to pupil services personnel helping to work with extreme high risk youngsters, the curriculum is integrated into current personnel roles and responsibilities in some schools. They help to maintain the program in their schools by assisting the teacher in training their children, and in some cases, they help train new teachers to use the ICPS curriculum in their classroom. The FTE varies from school to school, with the average time for student services personnel being about 10 to 15%.

Cost of Program and Funding Sources

The program manuals cost $39.95 apiece, priced so that each teacher and each pupil service person could have their own to study and write in. The purchase of additional materials is not needed because those already in the classroom should suffice. Initial training for a school or set of schools is available from the author and outside trainers that the author has been working with for at least 10 years. The cost of that training varies depending on the length of time and distance traveled, and is negotiable. It should be noted however that the training of the daily how-to lessons is not necessary because the manuals are written in easy step-by-step fashion.

Some schools using ICPS have obtained grants from corporate sponsors (including those in the adopt-a-school program), drug free programs, community organizations, or private foundations. ICPS had been initially instituted in some schools by a grant from the PEW foundation to the National Mental Health Association, who dispersed funds to local mental health associations to jump-start ICPS in their schools. Those systems include Chicago, Montgomery, Alabama, and various locations throughout the state of Georgia. At this time, the Chicago Schools have now taken over ownership of ICPS after several years of piloting with the help of the Mental Health Association in Illinois.

Problems Encountered and Solutions

The one problem that arises from time to time is that teachers feel they have too much to do to institute a new program. Solutions for teachers who decide they would like to learn ICPS include implementing the lessons during story time for preschool and for kindergarten and the primary grades. Principals have suggested that for the upper grades, ICPS be substituted for language arts. These times are suitable because ICPS includes stories, and is, in fact, language arts. For teachers who are a little more resistant, but still interested, the student service person can begin implementing the formal lessons, with the classroom teacher learning the "dialoguing techniques," that is, the problem solving style of communication when real problems come up. One school psychologist used this model, and when the teacher observed how positively her children responded, she then decided to implement the program herself.

Importantly, we recommend that ICPS not be mandated for an entire school because that will only cause unnecessary resistance from some teachers. We recommend that a small cadre of enthusiastic teachers begin, and if they find the program successful, they will spread the word, and then others will want to join in. That procedure is much better for the children and for the program. Some schools have reported that by beginning this way, ICPS has spread because of the enthusiasm expressed by those who have used it.

Program Accomplishments/Reported Outcomes

Over 25 years of research by the author and her colleagues, and other psychologists around the country have shown that children can think or can learn to think the problem solving way as early as age four. Research shows that certain high risk behaviors (impatience, over-emotionality, aggression, social withdrawal) predict later, more serious problems as violence, substance abuse, some forms of psychopathology, teen pregnancy and school dropout. Exposure to ICPS has resulted in reduction and prevention of these early high-risk predictive behaviors as studied from preschool through Grade 6. The author has also conducted three research studies with mothers of four to seven year olds, which showed that inner-city African American mothers can become effective training agents, and that ICPS training at home can improve behaviors in school. In addition to the authors' research and research by other psychologists, formal evaluations of ICPS have shown significant improvements in the behavior of children in the Dade County, Memphis, and Chicago schools; and on children trained by their parents in various service settings, including those in Chicago Public Schools. Informally, one Chicago Public School principal reported fewer suspensions among ICPS-trained children and most ICPS-teachers have reported less lost time in classroom management.

Evaluation Data

In one study, Shure and Spivack (1982) found that four months of ICPS training in preschool not only significantly improved the cognitive abilities to think of alternativesolutions to interpersonal problems (e.g., wanting a toy another child has) and consequences of acts (e.g., grabbing that toy), but also had a dramatic impact on behavior. At pre-nursery training, 41 of 113 (36%) of children to be trained and 50 of 106 (47%) non-trained controls were rated adjusted (no significant difference). After training (post nursery), 80 (71%) of the trained were rated as adjusted, and only 57 (54%) of the controls, significant at the .01 level. Behavior of children who began the program as impulsive or as inhibited improved. Twenty-two of 44 (50%) initially impulsive trained children became adjusted, significantly more than 8 of 39 (21%) controls, also significant at the .01 level. Similarly, 21 of 28 (75%) initially inhibited trained children became adjusted, compared to 6 of 17 (35%) controls, also significant at .01. Further, gains in alternative-solution thinking gain scores of the 43 children whose behavior improved averaged 7.83 (SD = 2.14) compared to 4.14 (SD = 2.46) of the 29 children whose behavior did not, significant at .01, with secondary, but similar gains in consequential thinking. These data suggest that behavior change was mediated by trained ICPS skills versus other factors such as mere teacher attention. Cognitive and behavioral gains lasted through the first grade (as far as we measured them), and the goal of behavioral adjustment was about equal whether children were trained in nursery, or a year later, in kindergarten. Importantly, youngsters beginning nursery as behaviorally adjusted remained so six months and one year later, significantly more than the controls, suggesting a prevention as well as a treatment impact for ICPS intervention. In a different study, we learned that youngsters first trained in kindergarten, then retrained in first grade were showing the best adjusted behaviors three years later, at the end of grade 4 (Shure, 1993).

Additional Relevant Information

The ICPS programs have won four national awards, one from the National Mental Health Association (the Lela Rowland Prevention Award, 1982) and, based upon its research and service impact, three from separate task forces of the American Psychological Association, each of which identified ICPS as a model prevention program (1984, 1986, 1993).

Availability of Programs

Author: Myrna B. Shure, Ph.D.
Title: *I Can Problem Solve (ICPS): An Interpersonal Cognitive Problem Solving Program.*
For Preschool
For Kindergarten and the Primary Grades
For Intermediate Elementary Grades
Publisher: Research Press 2612 N. Mattis Ave. Champaign, IL 61821
Phone: (217) 352-3273
Fax: (217) 352-1221

For Parents:
Title: *Raising a Thinking Child: Help Your Young Child Learn to Resolve Everyday Conflicts and Get Along With Others.*
For Preschool through age 7-8
Publisher: Henry Holt 115 W. 18th New York, NY 10011
Phone: 1-800-488-5233

Publications Describing/ Evaluating Program

Shure, M. B., & Spivack, G. (1979). Interpersonal problem solving thinking and adjustment in the mother-child dyad. In M. W. Kent and J. E. Rolf (Eds.), *The primary prevention of psychopathology. Vol. 3: Social competence in children.* Hanover, NH: University Press of New England.

Shure, M. B., & Spivack, G. (1982). Interpersonal problem-solving in young children: A cognitive approach to prevention. *American Journal of Community Psychology, 10,* 341-356.

Shure, M. B. (1993). Interpersonal problem solving and prevention. A comprehensive report of research and training (a five year longitudinal study). Grant #MH40801 Washington, DC: National Institute of Mental Health

Using & Contributing to ERIC

This section contains specific information on how to use and contribute to the world's largest educational database. Both using and contributing to ERIC and ERIC/CASS can greatly benefit psychologists and human services specialists.

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University of North Carolina at Greensboro
Greensboro, NC 27412-5001

Phone: (919) 334-4114 Fax: (919) 334-4116
Website: http://www.uncg.edu/~ericcas2

ERIC/CASS exists to serve anyone who has a need to access information related to counseling and student services. We are funded by the U.S. Department of Education's Office of Educational Research and Improvement and the School of Education of the University of North Carolina at Greensboro. We encourage you to contact us with your questions and concerns. Our goal is to provide professional service and quality information to all users.

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How are information requests handled?

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Summarized from *Myths and Realities about ERIC* by Robert M. Stonehill, an ERIC Digest (EDO-IR-92) developed by the ERIC Clearinghouse on Information Resources at Syracuse University, Syracuse, NY, June 1992.

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- Teaching and Resource Guides
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